

**Music Therapy for children who have experienced the loss of a  
parent: a multiple case study**

**by**

**Ronelle Hauptfleisch**

**17076562**

**Research dissertation submitted in partial fulfilment of the  
requirements for the degree**

**MMus (Music Therapy)**

**In the Department of Music at the**

**University of Pretoria**

**Faculty of Humanities**

**Supervisor: Dr Andeline dos Santos**

June 2019

## **Abstract**

The loss of a parent is considered to be one of the most painful and tragic experiences a child could suffer. Bereavement can leave children feeling isolated, with fewer material and nonmaterial resources. This qualitative multiple case study was designed to explore the role that music therapy could play in supporting children who have lost a parent. Five children participated from a mainstream school in Cape Town who had suffered the loss of a parent in the three years prior to the study. Participants' ages ranged between seven and twelve and 26 sessions were conducted altogether. Excerpts from video recordings of the sessions were written as thick descriptions and, through interpretive phenomenological analysis, a total of six themes were identified. It was found that the music therapy processes offered clients access to supportive client-therapist relationships, a safe space for emotional expression and reflection on significant relationships, opportunities for assertive expression, and a space where they could express views on beliefs and rituals. Participants identified internal and external resources that served to support them during their processes of bereavement.

## **Keywords**

Music therapy; Children; Bereavement; Loss; Song writing; Phenomenology; Interpretive phenomenological analysis; Multiple case study; Reflexivity

## **Acknowledgements**

Thank you, Dr Andeline dos Santos, for continued encouragement and direction. It was such a privilege to work under a true expert in both the research and music therapy fields. I have learnt so much from you!

Dr Carol Lotter, thank you for your careful guidance and supervision – the journey is worth remembering.

To our parents, family and friends, I am sincerely grateful to each one of you – thank you for every word of encouragement, meal, babysitting and continued prayer.

My colleagues and friends – Annelet, Kalli and Nsamu – thank you for the journey. You have inspired and challenged me.

DB and Daniël – you are my heroes! Thank you for supporting me every day in the pursuit of my dream. I dedicate this dissertation to you.

To my Father – my deepest thank you.

## **Declaration**

I, Ronelle Hauptfleisch, student number u17076562 hereby declare that this dissertation is submitted in accordance with the requirements for the Master's degree at University of Pretoria, is my own original work and has not previously been submitted to any other institution of higher learning. All sources cited or quoted in this research paper are indicated and acknowledged with a comprehensive list of references.

---

R.Hauptfleisch

u17076562

## Table of contents

1. Introduction.....	11
1.1 Background and context .....	11
1.2 Research aim.....	12
1.3 Research questions .....	12
1.4 Chapter overview.....	12
2. Literature review .....	13
2.1 Introduction.....	13
2.2 Children's concept of death.....	13
2.3 The bereavement process in children .....	15
2.3.1 Children's responses to death.....	15
2.3.2 Signs of childhood bereavement developing into more severe problems .....	16
2.4 Rituals and ceremonies .....	18
2.5 Post-traumatic growth .....	19
2.6 Music therapy as an intervention for children's bereavement.....	20
2.6.1 Song writing in bereavement.....	22
2.7 Conclusion.....	23
3. Research methodology .....	24
3.1 Research question.....	24
3.2 Research approach.....	24
3.3 Research design.....	25
3.4 Participants.....	28
3.5 Data collection techniques .....	29
3.6 Data analysis and interpretation.....	30
3.7 Ethical consideration.....	32
3.8 Research Quality .....	34
3.9 Conclusion.....	36

4.	Findings.....	37
4.1	Introduction.....	37
4.2	The Music Therapy processes.....	39
4.2.1	Reasons for referral.....	39
4.2.2	Narrative of the Music Therapy process.....	40
4.2.3	Therapeutic aims.....	40
4.2.4	Structure of the sessions.....	41
4.3	Case studies.....	43
4.3.1	Kari.....	43
4.3.2	Mimi.....	58
4.3.3	Thandi.....	68
4.3.4	Jan.....	73
4.3.5	Fatima.....	82
4.4	Combined main themes from the case studies.....	89
4.5	Conclusion.....	92
5.	Discussion.....	93
5.1	Introduction.....	93
5.2	List of primary themes.....	93
5.3	Discussion of themes.....	94
5.3.1	Theme 1: A supportive client-therapist relationship.....	94
5.3.2	Theme 2: Emotional expression.....	95
5.3.3	Theme 3: Expression of views on beliefs and rituals.....	96
5.3.4	Theme 4: Assertive expression.....	98
5.3.5	Theme 5: Engaging with emotions.....	100
5.3.6	Theme 6: Reflection on significant relationships and resourcefulness.....	101
5.4	Conclusion.....	103
6.	Conclusion.....	104
6.1	Introduction.....	104
6.2	Summary of findings.....	104

6.3	Limitations .....	104
6.4	Recommendations.....	105
6.5	Closing comments .....	105
<b>Reference list .....</b>		<b>106</b>
Appendices.....		113
A. Participant information and consent letters .....		113
Appendix A:	Letter of information .....	114
Appendix B:	Letter of informed consent.....	116
Appendix C:	Letter of assent for children under 18 years of age.....	118
B. Consent letter from Heideveld Primary School .....		120
C. Consent letter from the Western Cape Education Department.....		121
D. Thick descriptions of video excerpts: Kari .....		122
a.	Video Excerpt 1: Session 1: Reflection on art intervention: Resourcefulness .....	122
b.	Video excerpt 2: Session 2: Exploring emotions .....	127
c.	Video excerpt 3: Session 3: A song for Mom and Dad .....	132
d.	Video excerpt 4: Session 4: Song about my family.....	142
e.	Video excerpt 5: Session 6: "Feelings" .....	148
f.	Nikita's song .....	153
E. Thick descriptions of video excerpts: Mimi.....		154
a.	Video excerpt 1: Session 1: Resourcefulness .....	154
b.	Video excerpt 2: Session 3: Free exploration intervention.....	159
c.	Video excerpt 3: Session 5: Musical improvisation.....	161
d.	Video excerpt 4: Session 6: Reflections on rituals and religious beliefs.....	165
e.	Video excerpt 5: Session 7: Piano improvisation.....	174
F. Thick descriptions of video excerpts: Thandi .....		177
a.	Video excerpt 1: Session 1: Mbira improvisation.....	177
b.	Video excerpt 2: Session 2: Improvisation and holding through music .....	182
G. Thick descriptions of video excerpts: Jan.....		186
a.	Video excerpt 1: Session 1: Piano improvisation.....	186

b.	Video excerpt 2: Session 1: Verbal reflection on art intervention.....	191
c.	Video excerpt 3: Session 2: Piano improvisation.....	195
d.	Video excerpt 4: Session 3: Reflection on art intervention.....	199
H.	Thick descriptions of video excerpts: Fatima.....	210
a.	Video excerpt 1: Session 1: Piano improvisation.....	210
b.	Video excerpt 2: Session 2: Art intervention reflection and goodbye song .....	214
c.	Video excerpt: Session 3: Reflection on art and goodbye song.....	220

## List of tables

Table 1: Reasons for referral.....	39
Table 2: Stages of the music therapy processes .....	40
Table 3: Therapeutic aims for the individual processes .....	41
Table 4: Layout of sessions.....	42
Table 5: Notable moments from Kari's process .....	45
Table 6: Example of a thick description .....	47
Table 7: Example of thick description with emerging themes .....	49
Table 8: Themes from thick descriptions gathered into superordinate themes .....	56
Table 9: Superordinate themes gathered into main themes .....	57
Table 10: Notable moments from Mimi's process .....	60
Table 11: Themes from thick descriptions gathered into superordinate themes .....	65
Table 12: Superordinate themes gathered into main themes .....	67
Table 13: Notable excerpts from Thandi's process.....	69
Table 14: Themes from thick descriptions gathered into superordinate themes .....	71
Table 15: Superordinate themes gathered into main themes .....	72
Table 16 Notable excerpts from Jan's process.....	74
Table.17: Themes from thick descriptions gathered into superordinate themes .....	80
Table.18: Superordinate themes gathered into main themes .....	81
Table 19 Notable excerpts from Fatima's process.....	84
Table 20 Themes from thick descriptions gathered into superordinate themes .....	87
Table 21 Superordinate themes gathered into main themes .....	88
Table 22 Primary themes of the study .....	91
Table 23 Themes from all studies relating to a reflexive awareness.....	91
Table 24: List of primary themes across all case studies.....	93

## List of figures

Figure 1: The process of working with the themes of the study .....	89
Figure 2: Nikita's song.....	153

# 1. Introduction

## 1.1 Background and context

I remember  
the news -  
you'd just lost your mom.  
Stirred with empathy,  
I felt a deep jumbling of love and pain  
I had no answers  
I could only love  
\*  
Years later  
Still I don't know what it might feel like  
but perhaps now  
I can support some like you -  
as we all dance to the beating of this bell

---

Bereavement, as defined by Moss (2012:152), is a grieving person's experience of the loss of a loved one. It interweaves the personal, social and cultural spheres of a person's being (Mallon, 2011:vi). Understanding a child's process of bereavement is critical for facilitating an effective intervention. The loss of a parent is a traumatising event for a child (Felsenstein, 2012:1); it is considered to be one of the most tragic and painful experiences a child can encounter (Ayyash-Abdo, 2001:1,5). Children attempt various ways to make sense of such loss. Responses may be marked by emotions ranging from fear to shame (Busch & Kimble, 2001:3; Webb, 2010:5), behavioural problems or withdrawal (Heath, Leavy, Hansen, Ryan, Lawrence & Sonntag, 2008:2). Parental death brings changes to a child's known environment, and to the quality and stability of their support network (Heath et al., 2008:2). Bereavement can leave children feeling isolated, with fewer material and nonmaterial resources (Mahon, 2009:2).

With this knowledge as the basis for my study, I explored the role music therapy could play in the bereavement processes of five children who had experienced the death of a parent. In order to protect their identity, pseudonyms were used to name all participants in this study.

The participants attended a mainstream school on the Cape Flats, a poverty-stricken area known for high crime levels, gang violence and widespread substance abuse close to Cape Town. With this study I hope to add some knowledge to the field of care and support to children who have, and those who will, lose a parent.

## 1.2 Research aim

The aim of this qualitative study was to explore the role music therapy can play for a child as an intervention for bereavement after the loss of a parent. Greater knowledge in this field could facilitate more effective interventions to support bereaving children.

## 1.3 Research questions

The research question guiding the study was as follows:

- What role can a music therapy process play for children's bereavement after the loss of a parent?

Reflexivity played a significant part in my journey through this study. As I assumed the dual roles of researcher and (student) music therapist, I was required to explore various reflexive techniques regarding the clinical work and the data analysis. I mainly reflected on my experiences by journaling, which primarily included free-writing and poetry. Many of these reflections are included as central threads throughout this dissertation, as I valued the insight it brought throughout the process.

## 1.4 Chapter overview

In the second chapter a review of literature on bereavement, how children understand the concept of death and how music therapy can be utilised as an intervention for bereavement in children is included. The third chapter explains the research paradigm and methodology that grounds this study. The fourth chapter presents a detailed account of the analysis and findings. In chapter five these findings are discussed. The final chapter concludes the dissertation with acknowledgement of the limitations of this study, suggestions for future research and concluding comments from the researcher.

## 2. Literature review

### 2.1 Introduction

There is a wealth of research on grieving and bereavement. In this review, studies specifically focussing on children's concepts of death and their bereavement process will be discussed. Bereavement is a grieving person's experience of loss of a loved one. Kirwin and Hamrin (2005:67) used the term bereavement when the focus of attention for the clinician is on the survivor's reaction to the death of a loved one. In this literature review, studies within the field of music therapy for bereaving children from different contexts will be explored. Roberts (2006:2) reported songwriting to be "the most appealing and satisfying intervention for (bereaved) children and teenagers". The use of song writing within music therapy for this population will thus also be reviewed.

Data collection for this study was done within a diverse school community on the Cape Flats outside Cape Town city, where children and teachers from various religions, racial and cultural groups from different communities and backgrounds meet in one school. The prominent religions in this area are Islam, Christianity and African spiritual beliefs. Persons within these groups have different beliefs, traditions and rituals that form their cultural concepts of death. In a similar manner one can also argue that the cultural concepts of death also inform these traditions and rituals in an interrelated manner. Literature on the value of rituals and ceremonies that form part of these cultural concepts in a child's process of bereavement will be discussed in the literature review.

### 2.2 Children's concept of death

Perspectives on children's concepts of death differ, but there seems to be a general consensus (by authors such as Busch and Kimbe (2001:3), Mallon (2010:20), Webb (2010:4)) that the developmental age of the child has a fundamental influence. Having worked as a primary school teacher for six years, and having seen the frequency of and significances that the loss of a parent has on a child's life, I chose to work with primary school children in this research.

According to Busch and Kimble (2001:3), Mallon (2010:20), and Webb (2010:4), children at the age of seven have knowledge and understanding of the permanency of death. During Piaget's (1963) concrete operational stage, a child's ability for reasoning and accurate comprehension of the difference between life and death is established. By the age of seven there is usually an understanding that death is irreversible (Webb, 2010:7). Foire (2016:208) added that, although they understand that death is final, children often do not yet realise that it will eventually happen to every person.

While these aforementioned developmental trends have been observed by authors in different contexts there are also some features of the bereavement process that vary, which this review takes in account. Ayyash-Abdo commented on how culture and religion, amongst other things, moderate ideas on childhood bereavement (Ayyash-Abdo, 2001:419). He described examples of how children from a Christian upbringing who had not formulated a clear concept of the irreversibility of death expressed their hope in a resurrection act, comparable to the resurrection of Jesus Christ. Similarly, a child from a cultural that incorporated belief in the active role of ancestors claimed to constantly see his mother next to him.

Mdleleni-Bookholane, Schoeman and Van der Merwe (2004:12) observed that children experience death as a life crisis, similar to adults. They found that their participants seemed to use colloquial concepts of death when talking about the topic but mostly lacked a concrete, personal knowledge of death (Mdleleni-Bookholane et al., 2004:11). Their study concluded that a child's concept of death is influenced by their age, cognition, and familial and cultural factors and that the context within which such development takes place should be included in considerations of the child's understanding of death (Mdleleni-Bookholane et al., 2004:1).

As the participants in this study identified with African, Islamic and Christian cultures (as will be discussed in chapter four), significant contextual aspects that were applicable to the current study include the traditional African cultural belief that the dead continue to live but remain unseen by the living (Elion & Strieman, 2001:48). This belief is reinforced by the way that the use of the general word for death (isiXhosa = *ukufa*, isiZulu = *ukushona*) is not applicable to people but only to other forms of life. The euphemism of "leaving" is preferred (Elion & Strieman, 2001:49) when referring to people. The traditional Islamic definition of

death is when the deceased's body grows cold after the ending of cardiac activity (Hedayat, 2006:1284). According to Hedayat (2006:1284), the concept of death is understood as a spiritual journey that naturally follows life's journey through the world. The Christian concept of death involves a person entering the afterlife where they then live in an endless age with God and fellow believers (Cherry, 2006:2).

Rochat, Mitchell, Lubbe, Stein, Tomlinson and Bland (2017) conducted a study to determine the types of questions school-aged children in South Africa asked in response to their mother's disclosure of her positive HIV status. Of the 281 children whose mothers disclosed the information to them, 197 asked post-disclosure questions. 61 of the 197 children asked death-related questions. A conclusion from the results of the study was that communication about death did not have immediate negative consequences on the child's behaviour (Rochat et al., 2017:124). Rather, a lack of communication was found to be unhelpful and even destructive for the children affected by it (Rochat et al., 2017:132). Wolfelt (1991:2) encouraged the creation of an open atmosphere where children are allowed to ask questions while working through the process of bereavement. He labels the concept of "death education" by the primary caregivers as a fundamental aspect of a child's bereavement process (Wolfelt, 1991:3).

## 2.3 The bereavement process in children

As mentioned earlier, cultures have unique ways of dealing with death, most of which include rituals and ceremonies (Moss, 2012:152). For many cultures, it is marked as a time of increased community involvement and support. Although their grieving is different from adults' due to cognitive, social and emotional development, Schultz (1999:2916) found children to be influenced by similar grieving factors as adults and that they thus need to work through equivalent grief processes.

### 2.3.1 Children's responses to death

Kirwin and Hamrin (2005) conducted a comprehensive literature review and comparison of information on the major factors that influence a child's response to death, with specific foci on children's developmental stages. Throughout all developmental stages, they highlight the importance of early interventional support. They found that children who are not supported in

their early phases of grieving have a high risk of developing emotional and behavioural problems which could in turn lead to serious psychiatric disorders (Kirwin & Hamrin, 2005:77). Steen (1998) discussed how, with the death of a family member, a child could experience a change in self-concept as the social circumstances also change. A new self-concept potentially develops because of the absence of the deceased person, the change in roles and responsibilities within the family and detachment from daily relational interaction (Baker et al., 1992:111). Children who receive support through early intervention, compassion and understanding have the potential to heal and grow from bereavement experiences (Wolfelt, 1996:197).

The current study focuses on the experience of parental death particularly. Silverman and Worden (1992:101) studied a non-clinical group of 125 children between ages the ages of six and 17 years, within four months of their parent's death. They identified children's attempts to keep connections with the deceased that included talking to the dead parent, keeping an object that belonged to the deceased in their room or believing their parent was watching over them. These connections could be considered as both coping mechanisms and attempts to make meaning out of the reality of death.

In Foire's (2016:208) research with bereaved children and adolescents, she found that children's ability to function after the death of a loved one is related to their personal and varying grief responses. Some children might show no immediate change or reaction due to denied or delayed grief. Busch and Kimble (2001:3) reported that children may blame themselves for the death of the loved one as an attempt to make sense of the death, or may try to identify with the dead by role-playing how they remember them to be when they were alive. Webb (2010:5) mentioned the phenomenon that grieving children tend to start fearing death themselves. Mallon (2010:22) found that a desire to die so as to be with the deceased person may also be expressed by children.

### 2.3.2 Signs of childhood bereavement developing into more severe problems

Signs of childhood bereavement have been researched across different disciplines. A child's difficulty in coping with loss can give rise to increased behavioural problems (Heath, Leavy, Hansen, Ryan, Lawrence & Sonntag, 2008:2). According to Kaplow et al. (2012:4), a child's distress is commonly communicated by elevated reactions of dysphoria and depression, generalised anxiety, separation anxiety and posttraumatic stress. Behavioural problems,

substance abuse and social withdrawal, as well as disrupted sleep patterns and increased intentional and unintentional self-harming behaviour are also considered to be symptoms of childhood bereavement (Foire, 2016:208; Kaplow et al., 2012:4). According to various studies conducted by Auman (2007:34), Kirwin and Hamrin (2005) and Wilkinson (2001), children who experience parental loss are at a greater risk of developing a psychiatric disorder later in life and, according to Kaufman and Kaufman (2005:238), are as many as five-fold more likely to than persons in the general population.

A longitudinal study by Cerniglia, Camino, Ballarotto and Monniello (2014) assessed the psychological functioning of 151 pre-adolescents and adolescents who had lost a primary caregiver. Results suggested that parentally bereaved pre-adolescents (between the ages of eleven to thirteen) might show more impaired psychological profiles than adolescents (between fourteen and sixteen years of age). A high prevalence of eating disorders and dissociative syndromes was specifically noted. In conjunction with these findings, Cerniglia et al. (2014) also observed that the earlier the loss occurs, the more likely the long-term persistence of psychopathological symptoms.

Some small-scale studies have suggested a pattern where bereavement presents primarily as anxiety symptoms in younger children and primarily as depressive symptoms in adolescents (Kaplow et al., 2012:4). Mallon (2010:21) highlighted symptoms of aggression, withdrawal, bedwetting, or a lack of concentration in children aged seven to eleven years old. These could serve as unconscious mechanisms on the part of the child to disguise their own feelings in an attempt to protect the feelings of the adults around them. Ayyash-Abdo (2001:4) mentioned how school-aged children could show regressive behaviour, like baby talk, becoming clingy and, as Mallon described, bedwetting. Wolfelt (1991) added disorganisation and panic, emptiness and regret, and a change in sleeping and eating patterns to this list of responses to loss.

Worden and Silverman (1996) conducted another study that focussed on a non-clinical group of 125 children between the ages of six and seventeen from 70 families who had suffered parental loss. Bereaved children and their surviving parent were assessed at four months, one year, and two years respectively after the death, using a standardised instrument. It became evident from their findings that 40% of the group showed features of

emotional distress. Only 35% reported not having had any bereavement-related health problems (Worden & Silverman, 1996:99).

## 2.4 Rituals and ceremonies

Saldinger, Porterfield and Cain (2004) conducted interviews with 41 bereaved individuals who had lost their spouse. All participants had school-aged children. The study aimed to measure parenting capacities within the circumstance of bereavement. They found that rituals and ceremonies served the purpose of internalising the reality of the loss and bringing closure. Through ceremonies and rituals, adults and children have an opportunity to draw on their support networks. Their research also showed that rituals and ceremonies have a beneficial effect on grieving children specifically (Saldinger et al., 2004:339). Schultz (1999:2917) observed how funerals function as a way for children to move their image of the deceased person to a position of memory. She stated that the majority of children benefit from a funeral experience if they know what to expect beforehand and are allowed to leave when they feel the need to (Schultz, 1999:2917). Busch and Kimble (2001:5) echoed Schultz in emphasising that a child should be given a choice whether he/she wants to attend and should be well prepared on what to expect beforehand. Attending a funeral could assist a child in grasping the finality of death. However, although it evidently can be valuable, many children in the South African context are not taken to funerals due, to the increased excessive drinking at after-burial gatherings, colloquially termed 'after tears', for example (Ngoepe, 2016).

In African cultures, the tradition remains that a person should be buried where he/she was born. The family's religious preference is the main influence on the general funeral arrangements (Elion & Strieman, 2001:47). Funerals from families who believe in ancestral worship are practiced differently from those from the various forms of Christian religion. All family members would typically make a contribution to the funeral costs, but it is the chief mourner's responsibility to organise the funeral and make the relevant preparations. Funerals within African cultures typically take place on Saturdays (Elion & Strieman, 2001:47).

Funerals and burials or cremations in Christian families are usually held within one week of the death of the person, while Muslim families traditionally have to bury their dead as soon

as possible – often on the same day or night (Elion & Strieman, 2001:116). Presence at a funeral procession is highly valued in the Islamic religion and the burial of the deceased is a collective responsibility, whether the person was known to the community or not (Hedayat, 2006:1284). Male mourners attend a service at the mosque and it is also usually only male mourners who are allowed to attend the burial at the cemetery.

The literature does not contain information on the use of music therapy to support children in the South African context with relation to their experience of cultural and/or religious rituals and ceremonies for death. However, this study provides information of the utilisation of such interventions in a multi-cultural South African context.

## 2.5 Post-traumatic growth

Post-traumatic growth (PTG) is one of the possible positive outcomes of trauma. The concept is defined as "a positive change experienced as a result of the struggle with trauma, or 'life crises'" (Tedeschi & Calhoun, 1995:1). It is process of working through the hardship in the affliction of trauma that is believed to be what leads a person to PTG, not the traumatic event in itself. Meyerson, Grant, Carter and Kilmer (2011) conducted a systematic review of 25 studies on post-traumatic growth in children and adolescents. They found that adolescents who identified the death of a loved one as their most traumatic experience displayed significantly more PTG than others who experienced trauma in the context of relationship difficulties, sexual abuse or harassment.

Wolchick, Coxe, Tein, Sandler and Ayers (2009) conducted a six-year longitudinal study with a sample of 50 adolescents and young adults who had lost a parent during childhood. They found the factors listed below to be significant predictors of the potential for PTG when a certain period of time since the loss has passed:

- active coping showed to have the potential for youth to engage in the relational changes that occurred after the death,
- youth that presented with avoidant coping (changing one's behaviour to avoid engaging with certain emotions or thoughts),
- when youth had opportunities to seek support from parents or guardians, especially when those adults modelled strength and growth
- and sought support from other adults.

Furthermore, higher levels of threat appraisals were associated with higher levels of growth (Wolchick, Coxe, Tein, Sandler and Ayers, 2009:121). It is also interesting to note that seeking support from peers or siblings was not found to be a significant PTG-promoting factor (Wolchick et al., 2009:121). Participants' tendencies to either internalise or externalise problems were also found to be predictors of PTG (Wolchick et al., 2009:119). The tendency to externalise problems showed lower potential for PTG. When participants were likely to internalise problems, a higher potential for PTG was found, specifically regarding hope for new possibilities in their lives and spiritual change. Oltjenbruns (1991) found that, after losing a family member or friend, more than half of late-stage adolescents described feeling deeper appreciation of life, greater care for loved ones, supported emotional bonds with others, and emotional strength.

## 2.6 Music therapy as an intervention for children's bereavement

A number of studies have shown music therapy to be a useful intervention for children's bereavement processes. In research conducted by Hilliard (2007), three groups of grieving school-aged children were randomly assigned to Orff-based music therapy, social work and a wait-list for an eight-week period. Data for the study was obtained through pre- and post-tests of Behaviour Rating Index from Children and the Bereavement Group Questionnaire for Parents and Guardians. Statistical analysis of the data showed significant improvement in the behaviours and grief symptoms of participants in the music therapy group, while those in the social work group reported a significant reduction in their behavioural problems, but not their grief symptoms. No significant improvements were recorded in the grief symptoms or behavioural problems of participants in the wait-list control group.

In another earlier study by Hilliard (2001) the impact of music therapy on the mood and behaviour of grieving children was explored. An experimental group participated in eight music therapy group sessions, while a control group had none. All participants also completed a battery of psychometric pre-tests and post-tests. Participants in the experimental group showed a significant difference in scores on the Behavioural Rating Index for children in the home environment. The mean on the Depression Rating Index and Behaviour Rating Index for children in the school environment dropped following music therapy.

Rossner et al. (2010:122) conducted a meta-analysis of 27 treatment studies with a range of interventions for bereaved children and adolescents. The only two music therapy interventions that were included in the meta-analysis showed the largest effect sizes for grief intervention, demonstrating a significant difference between music therapy interventions and other interventions. As this study was conducted using quantitative research methods, additional qualitative studies would be valuable to explore grieving children's experiences of the music therapy process.

McFerran, Roberts and O'Grady (2010) conducted a mixed methods study that focussed on the value of music therapy for sixteen bereaved adolescents. Two groups had twelve and fourteen music therapy sessions respectively; each session was approximately 90 minutes in length. The therapeutic goals for the sessions included offering opportunities for expression and contemplation, as well as the processing of grief-related experiences (McFerran et al., 2010:549). The authors found that music has a vital role to play for young bereaved persons coming to terms with their loss as they explore their hidden emotions (McFerran et al., 2010:543-544). Through pre- and post-tests, as well as focus groups, valuable changes in adolescent coping strategies were seen. Participants reported the music therapy groups to have provided a means to express their feelings. Through participation in these groups, participants found themselves able to flow comfortably between a range of emotional states (McFerran et al., 2010:562).

Within the scope of arts therapy research, Le Count (2000:1) conducted two case studies with boys, eleven and twelve years old respectively, using an arts therapy process to guide the children through grieving. She observed children often holding back instead of raising their questions or crying, in an effort not to upset the adults close to them (Le Count, 2000:2). The goals of this process were acceptance of the loss, lessening of pain and sorrow, and offering encouragement and guidance to the children to reinvest in his or her life. Le Count validated the process of "acting out" as an important element in bereavement therapy. She found that using the arts as therapy created a safe space for an emotional release, enabling the nonverbal expression of emotions such as confusion and loss, and initiating a way to work through feelings perceived as being unacceptable.

### 2.6.1 Song writing in bereavement

In reviewing the relevant literature it became clear that a substantial amount of research has explored song writing as the primary intervention in the music therapy process. Song writing is a method used in music therapy that, according to Roberts (2006:19), “allows bereaved children to express emotions, thoughts, and memories regarding their loss”. It grants the opportunity to explore and express grief through music (Roberts, 2006:28). Derrington (2005:70) notes that expression in lyrical form can be less confrontational than speaking, which can be especially helpful in working with loss.

In a recent study, Foire (2016) analysed lyrical content of song writing in bereavement therapy with children and adolescents. She aimed to determine whether the ages of the children had a significant influence on the lyrical content. Thirty-three participants between the ages of six and sixteen years were grouped into three groups according to their age. The groups were asked to write a collaborative song as a group, and these lyrics were then analysed in both deductive and inductive ways. The two groups with older children also completed a seven-item questionnaire gathering descriptive information on the song writing process from the participants' point of view. Results showed that lyrical content varied amongst the age groups. Two of the five main themes that emerged out of the lyrics were present across the age groups: memories and emotional connection (Foire, 2016:220). Older groups showed a growth in their understanding of death. Foire (2016:226) found that the group of younger children primarily wrote about memories, with some participants expressing an emotional connection. The oldest group mostly wrote about their emotional connection with the person they had lost. They were also the only group to express their appreciation of the relationship that had been lost (Foire, 2016:223). The middle group was the only group to raise questions about the loss in their lyrical content. They also stood out as the group that emphasised their adaptation to the loss.

In four case studies documented by Roberts (2006:31), song writing gave bereaved children the opportunity to:

- “accept the loss of loved ones;
- memorialise and remain connected to loved ones;
- express thoughts, feelings, memories and spiritual beliefs;
- experience activities that increase self-esteem and empowerment;
- play and sing their stories of grief;
- develop coping strategies.”

Roberts (2006:18) described the therapist's role in bereavement therapy as encouraging clients "to tell their story". She also noted that when working with children, support should be familiar, enjoyable and age-relevant. Through her clinical observations, she has come to notice that it can be very challenging for children to articulate and express grief, but singing about the loss seemed to be easier for them (2006:23). Roberts (2006:24) reported that song writing promotes opportunities for improved self-esteem and accomplishment, creative self-expression and gratification.

## 2.7 Conclusion

This literature review shows the value and need for bereavement support for children. Although knowledge about how children typically experience bereavement is available, only limited literature is available within the field of music therapy specifically. The importance of conducting this study lies in the documentation of the role that music therapy plays in such processes of bereavement. With the information gathered from the literature on children and their experience of bereavement, I undertook this study to gather data on how individual music therapy can support children in their journey of bereavement. Individuals' needs are specific and if not met, could have life-long implications. This chapter explored and confirmed the significance of children's experiences of the loss of a loved one and the importance of emotional expression in the healing process. The opportunities for a music therapist's role in this regard are potentially abundant. The following chapter will describe the methodology that was used to explore these opportunities for expression through music therapy processes with the participants of this study.

### 3. Research methodology

This chapter presents information on the research methodology that I followed in this study. It includes information on the participants and on my process of gathering data over a period of six months. Section 3.6 explains how I carefully went about analysing and interpreting the data after writing thick descriptions of several clips from each participant's process. This chapter concludes with information on my efforts ensure a high standard of research quality.

#### 3.1 Research question

As mentioned in the introduction, the research question guiding this study was as follows:

- What role can a music therapy process play for children's bereavement after the loss of a parent?

#### 3.2 Research approach

This study drew on an interpretive paradigm. Interpretivism aims to explore subjective experiences and meanings behind social action (Terre Blanche & Durrheim, 2006:7). Words, actions and experiences need to be interpreted in relation to the contexts in which they occur (Ansdell & Pavlicevic, 2001:153; Kelly, 2006:346; Terre Blanche et al., 2006:275). Terre Blanche et al. (2006:321) highlighted that empathic understanding is key to interpreting data from an interpretivist perspective.

Interpretivism is grounded on a relativist ontology: what is real for the participant is what is important for the research (Terre Blanche, Kelly & Durrheim, 2006:274). Interpretivism utilises the epistemology of intersubjectivity. It is believed that the participant has formed a relative reality through considering meanings and understandings of concepts in his/her lifeworld (Terre Blanche & Durrheim, 2006:7). The current study was idiographic in terms of how it observed specific bereaving children within their circumstances (Larken, Watts & Clifton, 2006:103).

### 3.3 Research design

The research design was a multiple descriptive case study. Lindegger (2014:460) and Yin (2003:1) defined a case study as an intensive investigation of a specific individual, group, organisation or community. According to Aldridge (2005:11), a case study involves an empirical inquiry into a current phenomenon within its actual situation. Zainal (2007:1) added that case studies essentially “investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships”. The participants were five children who had experienced the loss of a parent. Through the case studies I aimed to gather detailed, descriptive information on our music therapy processes (an objective explained by Lindegger, 2014:460). The participants’ cases were individually considered within the context of their circumstances, for example, as members of the community of Heideveld. Case studies are especially useful when a researcher seeks to understand a specific situation or problem holistically and in great depth, particularly in information-rich cases (Noor, 2008:1; Zainal, 2007:1). This design was, therefore, ideal for this study as each child’s process of bereavement could be individually considered and uniquely approached.

Crabtree and Miller (1999:10) described how one of the advantages of this design is the close collaboration between the researcher and the participants, especially when participants are encouraged to tell their stories. This allows the researcher to gain a more insightful perspective. During the data collection for this study, I worked alongside the participants as the music therapist to facilitate expression and processing of their bereavement.

Since more than a single case was studied, the research design is a multiple case study. This is a descriptive design. I collected data from five participants’ cases. According to Baxter and Jack (2008:7), a multiple case study allows the researcher to explore what is different across and within cases. Noor (2008:3) and Baxter and Jack (2008:7) suggested that multiple cases should be carefully chosen and included within the same study when a researcher predicts that similar and different results could be found. Similar findings over multiple cases studied could lead to more robust findings and an increased level of confidence in the results.

I conducted eight individual music therapy sessions with two of the participants, four with the other two participants because of a time constraint in the school calendar, and only two sessions with the fifth participant because she withdrew from the process due to increased academic load at the time. Conducting individual processes allowed for sessions to be specifically planned and adapted to each child's pace and emotional needs. It also helped them to feel safe and allowed for building a trusting relationship between them and myself as the music therapist. The music therapy sessions did not take place after school hours as planned. Teachers suggested that sessions should be held during school hours due to the children's regular school transport that was inflexible. Sessions were hosted in the school's therapy room.

The first and second sessions formed the assessment phase of the therapy, where I evaluated the participants on social, physical, emotional, cognitive, musical and communicative levels in order to develop a process that met each one's strengths and needs. In the processes with eight sessions, session numbers three to seven focussed on the needs of the clients in their bereavement process and session eight served as the concluding session. For the processes with four sessions, session three to four focussed on each client's needs, and session four also served as the closing session.

I chose to retain data collected from the truncated process with the participant who had only two sessions because it held valuable information on my experience as a student music therapist. I saw value in dwelling reflexively in my feelings about her withdrawal.

Whilst planning the sessions, I found literature by Grocke and Wigram (2007:208-209) useful for techniques on facilitating processes of this kind. During the sessions some of the following techniques were facilitated. Greeting rituals were developed for each client, mostly in the form of songs for the younger children and drumming improvisations for the older children. Each session also had musical improvisational activities, such as improvisational songs that allowed the children to express and explore their emotions musically while being musically supported by myself as the therapist. The children selected which instruments they wanted to play.

Song writing was engaged in differently in each process. (Please refer to Chapter 4 for more information on the specific applications). Song writing has been reported to be "the most

appealing and satisfying intervention for (bereaved) children and teenagers” (Roberts, 2006:2). Baker and Wigram (2005:11) suggested that song writing assists individuals to reflect on their past, present or future, to access unconscious thought processes, to confront challenges within their interpersonal involvements and relationships, and to project their feelings into music.

Receptive music therapy interventions, such as music-assisted relaxation and breathing with music were included in some sessions. Receptive music therapy refers to all areas of a music therapy sessions where the client is listening to music, rather than actively making the music (O’Leary, 2007:1). Visualisations and/or imagery can be incorporated with music while the client is in a relaxed state (Grocke & Wigram, 2007:127).

Music-assisted relaxation is reported to be useful for, amongst other purposes, reduction of anxiety and distress, relaxation, and the enhancement of mood (Grocke, 2016:688). Imagery scripts can be used to enrich the relaxation process (Grocke & Wigram, 2007:131). The music therapist can read an imagery script to the client while the client is relaxed, either before the music is played or while the music is playing in the background (Grocke & Wigram, 2007:131). When this technique was planned for sessions, a script for the intervention was created based on information the client had shared with me in previous sessions. During the processes I facilitated in this study, music-assisted relaxation also provided opportunities for fantasy and imagination.

I also utilised art interventions, which included drawings or work with play dough while listening to specifically selected music. Clients were invited to reflect on the images that they created. Participants drew a safe space while listening to client-specific music with a holding quality: one drew her house and the other the school. Another client drew different facets of himself and chose music to accompany the completed characters in the artwork. One client created a collage with picture and word cut-outs from magazines as a visual presentation of her dreams and future plans. According to Grocke and Wigram (2007:195) the therapist is to choose appropriate music that provides a creative and stimulating atmosphere. They also suggested that, when working with bereaved children, music for receptive music therapy interventions should preferably be chosen by the client (Grocke & Wigram, 2007:211). I frequently encouraged client-selected music, but also at times chose music that I deduced was appropriate to the relevant client and activity. During the creating of artworks, Grocke and Wigram suggested that the role of the therapist is to be present, but not to interfere with

the client's personal creative expression process (2007:195). This was my common stance, except if a client requested otherwise. In one intervention, I joined the client in drawing a sonic sketch (Dos Santos & Lotter, 2017:26) while listening to six different snippets of music. Single movement activities were included in sessions with the younger participants. These included dancing to different styles of pre-recorded music, chosen by either myself or the client. Movement interventions to music with slower tempi also served as relaxation interventions.

### 3.4 Participants

The five children who participated in the study were learners attending a primary school in Athlone, Cape Town. The region that the school is situated in primarily consists of lower-income bracket households and is an area known for high levels of violence (Shields, Nadasen & Pierce, 2009:1196). Although research has shown that parental death in the local communities around Cape Town is more likely to be due to violence and gangsterism (Shields, Nadasen & Pierce, 2008:593), the cause of the parent's death was not a criterion for inclusion in the current study. Only one out of the five participants' parent died as a result of gang violence. The other deaths were due to illnesses.

Participants were selected through purposive sampling, a method of sampling that is typically used to collect experiential and perceptual data. Purposive sampling is associated with small, detailed studies with research designs that are based on the gathering of qualitative data (Matthews & Ross, 2010:18). This form of non-probability sampling (Matthews & Ross, 2010:18) was used to select cases that were within the study's phenomenon of interest. Furthermore, it also encompassed the concept of intensity sampling, a specific type of purposive sampling that focuses on cases strongly representing the phenomenon of interest, rather than unusual cases (Richie & Lewis, 2003:79). The teacher who co-ordinates therapy in the school, in consultation with the principal, identified and referred five learners who had lost a parent in the last three years. I planned to work with children between the ages of seven and ten. This decision was informed by Piaget's (1963) concrete developmental stage (from seven to twelve years old) where a child's ability for reasoning and accurate comprehension of the difference between life and death increases. All the children who were referred were selected for the study since their ages fell in the stipulated bracket of this developmental stage. Although the decision to include children who have lost a parent in the past three years made sense within the developmental stages of understanding, I realise that working with such recent loss in young children with

such short intervention processes could have brought about a great risk in opening up these traumatic events. Retrospectively I would consider broadening the criteria of the sampling. Four participants were female and one male. Research conducted on responses to bereavement on the grounds of gender has shown mixed results (Rosner et al., 2010:4).

In this interpretivist study I analysed the data using interpretive phenomenological analysis (see 3.6). When this type of analysis is employed, three to six participants is considered a reasonable sample size to provide adequate comparisons in the data (Finlay, 2011:141). The complexity of this in-depth analysis leans itself more towards choosing a smaller sample size, as opposed to having a bigger sample, where one would typically then be working only on the surface of the analysis of the data. The inclusion of five cases in this qualitative study enhanced the richness of the data gathered, and comparisons could be made between cases (Taborsky, 2010:12; Bruscia, 2005:4). Finding these comparisons, however, were not the focus of the analysis as the emphasis lay on the individuality of each case study. Shared themes were then highlighted (Finlay, 2011:141).

Once the children were identified, they were provided with information letters that were easy to understand (see Appendix C) and formal information letters (see Appendix A) were sent to their parents/guardians. My contact details were on the information letters and I was available to attend to all questions that they might have had about the music therapy and research process. Participation was entirely voluntary. Parents/guardians and children who agreed to participate were then asked to complete an informed consent form (see Appendix B) and informed assent form (see Appendix C's second section). Both the school where the research was done (Appendix D) and the Western Cape Education Department (Appendix E) also gave consent for the research. A referral system was put in place if the need arose for additional therapy after the music therapy processes were over.

### 3.5 Data collection techniques

Data were collected during individual music therapy sessions with each child. I engaged in participant observation using video recording of clinical musical techniques and verbal reflections during the sessions. Participant observation has rich value in that it allows researchers to study participants in their environment in order to see and comprehend relevant concepts from their perspective (Baker, 2006:171). In this case I created a particular

environment through a music therapy process (as opposed to observing the children in their “natural” environment). My dual role as observing researcher and music therapist allowed for full engagement with the participant, which Baker (2006:179) refers to as "active membership" in the process. This relationship was facilitated as one of trust and respect (Ginsberg, 1997:113). The complexities of this dual relationship are discussed further in the section on ethical considerations.

All sessions were video recorded. Ginsberg (1997:128) encouraged the use of video recordings when working with children because such a recording potentially offers detailed information that could be rich in context and meaning. Lee and McFerran (2015:376) advocated for video recordings of sessions because of the complexity and depth of interactions on the footage that the researcher can access. One can record details such as nonverbal expressions and background activities that could otherwise be overlooked if, for example, only session notes were being written. Also, these complex nonverbal and musical interactions that are captured can be watched repeatedly and in relation to the preceding and successive moments (Lee & McFerran, 2015:367). The camera was set up in the corner of the room, to limit the potential for it being a distraction for the participants. Although clients agreed on the sessions being video recorded, I communicated to them that I would opt for voice recording a session if they would prefer that at any given moment in our process. This happened once in one of the eight-week processes.

Having video recordings of the sessions also contributed greatly to the reflexive exploration of my experience in facilitating these sessions as a student music therapist in relation to the objectives of the research study. The recordings offered me insight into my role and highlighted strengths and weaknesses in my facilitation of the music therapy processes. I will elaborate on this further in the section on research quality, as well as in chapter 4.

### 3.6 Data analysis and interpretation

This study made use of interpretative phenomenological analysis (IPA). As highlighted by Finlay (2011:146), the strength of IPA is rooted in its capacity to identify meaning and develop understandings through sustained interpretive engagement. This served to assist me as researcher in understanding participant-specific concerns (Larken, Watts & Clifton, 2006:102, 104). Finlay (2014:135) explained that

[p]henomenological analysis does not seek to code data or emphasize the frequency of themes, nor does it explain, theorize or seek to engage higher levels of abstraction. The quest, instead, is for rigorous, rich description, backed by illustrative quotations, which evokes the phenomenon in immediate and potent ways.

Drawing on literature by Goldman, Erickson, Lemke and Derry (2007:15), I first prepared the data by selecting excerpts from the video recordings of the sessions. Goldman et al. (2007:15) encourages the researcher to be systematic rather than arbitrary and capricious when selecting video excerpts. Abovementioned literature guided me to conceptualise the nature of the selected data. I selected excerpts according to the following criteria:

- Musical material directly related to the research question
- Other interesting or illustrative video material that contributed directly to the research inquiry
- Participants verbally engaging in contents relevant to the research questions, for example talking or singing about their experiences of bereavement
- The visual and audio quality of the excerpts should be sufficiently clear

For ensured quality purposes, my selections were reviewed by my research supervisor. I then wrote thick descriptions of the musical interactions within the excerpts and transcribed the verbal exchanges. Ponterotto (2006:542) noted that thick descriptions should centrally contain the full narrative “of what is being observed or witnessed”. Terre Blanche et al. (2006:321) advocated for the method of thick description to involve thoroughly describing the characteristics, processes, transactions and context that establish the phenomenon studied, with an account of the researcher’s role in assembling this depiction. This allows for real-life phenomena to be placed into perspective (Terre Blanche et al., 2006:321).

Once the data were prepared as thick descriptions/transcriptions I began the process of IPA by reading and re-reading the descriptions in order to become familiar with the account and to write notes on any significant nuances while doing so in the right-hand column. Thereafter, each description was studied again to identify emerging themes. Initial notes were transformed into concise phrases with the aim of capturing the essential quality of what was found in the text. Finally, all emergent themes were listed to see if there were connections between them and, if there were, to make sense of these connections. Themes

were clustered together, where after a coherently ordered table of themes was constructed (Smith & Osborne, 2003:69).

This process was repeated for all five cases. I was vigilant and respectful of the convergences and divergences in the data (Smith & Osborne, 2003:73). Once all descriptions were analysed in this manner, a final table of superordinate themes was constructed. Although the themes from the data highlighted, as was the main focus of this study, the supportive role that music therapy offered in the participants' bereavement processes specifically, the themes can also be considered to illustrate aspects of greater benefit. The support these themes offered can thus be considered to have encompassed the scope of bereavement into a greater area of personal development and growth within the participants' developmental stage. Themes focussed on were selected on a basis of prevalence and richness (Smith & Osborne, 2003:76). The identification of the final superordinate themes led to an in-depth discussion thereof.

### 3.7 Ethical consideration

Permission to conduct the research was obtained from the school itself, the Western Cape Education Department, as well as the University of Pretoria's Humanities' research ethics committee. This project adhered to the ethical principles of privacy through confidentiality and respect for persons, nonmaleficence and beneficence (concepts discussed by Wassenaar (2006:67)). As mentioned, voluntary informed consent forms were completed by parents or guardians on behalf of all participants, and informed assent was given by the participants before the data collection commenced. This informed consent and assent included their agreement for the sessions to be video recorded. To ensure that trust was established, a fundamental element to the client-therapist/researcher relationships, I ensured that all participants understood the assent form they were signing. My aim was for trusting relationships to be maintained throughout the entire process of the study. If there was a break in this trust, my dual role as therapist but also researcher could have enabled possible suspicion from the child. Participants were free to withdraw at any time (as exercised by the third participant). Participants' parents or guardians were also free to withdraw the children at any time. Individual and institutional confidentiality was maintained. No identifying information has been included regarding the children or their families and pseudonyms were used when the data was reported on.

It was of utmost importance that no children were to be harmed or wronged as a result of the study. This philosophical principle of nonmaleficence complements the above-mentioned principle of privacy. Considering the principle of beneficence, I did not attempt to optimise the benefits of the research for my own gain, but for the benefit of the participants and, indirectly, for their families and community. The aim was to gain insight into the topic and assist participants to feel supported in their bereavement process. Having the video recorder in the room during every session could have been a barrier for a child to share, engage or express authentically, and it was for this reason that I offered the option of only doing voice recording during a session if a child requested it.

My dual role as therapist and researcher remained of importance for consideration throughout the research. Hart and Crawford-Wright (1999:208) saw the primary obligation of the therapist as being the promotion of the welfare of the client; while the priority of the researcher is to meet the aims of the research study. My practical approach to the challenge of being in a dual role throughout the process was to focus on being “fully therapist” during sessions, and then “fully researcher” when working with the data afterwards. Within both scopes I did, at times, find it challenging to operate without allowing my alternate role to be influential. Sometimes I also wondered whether the participants remembered that I was in this dual role and if this had an influence on their responses in sessions. It was through the process of reflexivity that I had realised how vital my development as a music therapy student was for the facilitation of each client’s process. Both therapist and qualitative researcher are concerned with the holistic approach of the individual’s experience (Hart & Crawford-Wright, 1999:212). I was vigilant of my personal pre-understandings of the context that I was working in and aimed throughout to exploit them as a source of insight (Finlay, 2008:7), allowing this not to inhibit my understanding, but rather enrich it. Although I had knowledge of this need for constant re-assessment and awareness of my interpretation of the context, I was constantly challenged to stay with the authenticity of the client’s process, not pushing my own research outcomes or ideals. I became aware of how easily I as the researcher could manipulate the process in the light of attempting to produce a particular product. These aspects were continually re-evaluated and considered as I reflected on the complexities around my dual role as researcher and therapist. I immersed myself in reflections on this complicated dual role and responsibility through reflexivity. (A detailed discussion on this is found in section 3.8 on research quality.)

As an HPCSA-registered Master's student, I received clinical supervision from Dr Carol Lotter (University of Pretoria) in addition to research supervision from Dr Andeline Dos Santos (University of Pretoria) while I conducted the sessions. Data collected was only used for research purposes and was securely stored at the University of Pretoria for 15 years. Video data was only seen by my supervisors and myself.

### 3.8 Research Quality

As the foundation for considering the quality of this study, I largely drew on both Bruscia's *Standards of integrity for qualitative music therapy research* (2005) and Finlay's *Phenomenology for therapists* (2011), particularly her concept of dwelling (Finlay, 2014:37). This study was deeply enriched by my personal journey of developing as an intern music therapist and novice researcher, as well as becoming a mother to my adopted son during the course of the study. In essence, this brought the reality of making sense of the loss of a parent into my personal space. These processes within myself, especially the countertransference I was confronted with, brought about the need to dwell in these experiences. According to Tishby & Wiseman (2014:361), nuances of reflexivity fit with a modern relational view that defines countertransference as a combination of the therapist's own dynamics evoked by the client and the interaction between client and therapist. I drew on Finlay's concept of dwelling to explore this intertwining reality within the work. She explained dwelling as the process through which room is created for the phenomenon to reveal itself and for the story then to emerge in our understanding of the data (Finlay, 2014:125). It is a process that forces us to slow down, allowing these new understandings to develop into meanings. While working in parameters of an academic calendar, I found this countercultural concept of "slowing down" hard, but greatly rewarding in the processing of the data and the changes that began to emerge within myself.

Throughout the study, I worked towards maintaining a high level of methodological integrity, ensuring the appropriateness of the research methods (Bruscia, 2005:6). This was supported by keeping a reflexive journal (Lincoln & Guba, 1985), of which several excerpts are embedded in the chapter on the findings. Finlay (2012:2) writes how personal reflection in research becomes a "springboard" for greater, more profound analyses and insights. This also supported the notion of authenticity of context that related to my entry into the community as an outsider to conduct the research (Bruscia, 2005:11). Clinical and research supervision assisted in my process of reflexive engagement with the data (Lincoln & Guba,

2005:309), which contributed to a multidimensional engagement with the data. This allowed me to perceive and consider the data on multi-layered levels, focussing on the authenticity of the data within the lived experiences of the participants, the context thereof within their lifeworld, and my experiences of these manifestations. With guidance in supervision with Dr Dos Santos and Dr Lotter, as mentioned in section 3.7, I learnt to articulate my feelings authentically and honestly. I had not worked through the loss of a parent myself and, at that time, I had recently become an adoptive mother to a child who suffered the loss of his parents himself. I applied the concept of bracketing out biases throughout my engagement with participants and data by striving to expose a clear awareness of my personal perspectives on the phenomenon of bereavement, reflecting specifically on the aforementioned personal realities regarding bereavement (Bruscia, 2005:4). By journaling and with active supervision, I tried to suspend any of these biases that might have influenced the gathering and interpretation of the data. I aimed to clearly situate myself, the participants and our relationships throughout the study (Bruscia, 2005:8) by firstly aiming to understand and comprehend each participant's lifeworld. As mentioned earlier, I took the responsibility to be aware of my personal situatedness in relation to the participants and the phenomenon. I valued situating and closely observing the interaction between both myself as researcher and the participants in the shared space. I undertook it as a continual process of reflecting and gained insight by means of journaling, writing poetry and engaging in musical improvisations.

To further address research quality, I wrote thick descriptions of specifically chosen excerpts from the data gathered, as explained by Lincoln and Guba (1985) and mentioned earlier in this chapter. I aimed firstly to give perceptual descriptions of the phenomenon as they presented in sessions, without interpreting them. My personal engagement with the data is clearly noted, guided by processes of self-inquiry and this is separated from the perceptual descriptions offered in the thick descriptions (Bruscia, 2005:5). From an interpretive perspective, I valued the participants' views and, therefore, aimed to engage with the data to uncover meanings they might reveal regarding the clients' understandings. This was supported by persistent observation (as encouraged by Lincoln and Guba (1985:304)) and a thorough analysis of the data.

I believe this study could have been detrimental for the participants if they were not cared for. Since the participants were children who had lost a parent, they were vulnerable. Being sensitive to their needs was fundamental to my work with them. As Bruscia (2005:12) wrote, "no research study can have integrity or quality if the researcher does not care". Finally, this

research study has helped me personally on a process of enlightenment (Bruscia, 2005:16) within my individual journey. This is reflected upon in relation to the interpretation of the findings and the value of this is considered in the light of its contribution to the study of the subject matter.

### 3.9 Conclusion

In this chapter I stated the research methods that I implemented and explained how I attempted to maintain a highest level of research quality regarding data collection, analysis and interpretation. Since the participants of this study were children, I was vigilant to ensure that ethical considerations were upheld.

In the following chapter I will be explaining the process I followed to analyse the data. I will include thorough information on the music therapy processes that were run to collect the data for this study. Case-specific material will be discussed, followed by the clustering of themes. The chapter will close with a list of combined main themes from the five case studies.

## 4. Findings

### 4.1 Introduction

This chapter presents the process of data analysis of video excerpts from music therapy sessions conducted within each case study. A description of each of the music therapy processes is provided in order to place the data in their relevant contexts. I will highlight the themes that were identified. I also include reflexive material from client's each process. Reflexive writing offered context on my own position and personal process as developing music therapist. My personal journey whilst conducting the research is integrated as part of the findings of the study because, as novice researcher and intern music therapist, I greatly valued the role that reflexivity played throughout. As there were never more than two clients' processes running simultaneously this gave me time to immerse and ground myself within each client's unique journey.

Learning how to be your therapist, I find myself  
strangled in theoretical readings  
confused between musical genres  
and burdened by the carrying of instruments

when all I really need to be

is a safe space

a holder for your emotions

a channel for your ideas

a google for your questions

yet I shouldn't get too close:

you shouldn't know the anguish

with which I go to sleep every night

of you having lost your mother,

the one who would have loved to hold you close when you cry

comfort your every emotion

catch your every idea

answer your every question

I'm learning how to be your therapist

---

I recorded the following improvisation as a musical reflection of an overview of my processes with the five participants:

[https://www.dropbox.com/s/6zdb5vfvlrggzt/Improv\\_Overview%20of%20the%20process.aac?dl=0](https://www.dropbox.com/s/6zdb5vfvlrggzt/Improv_Overview%20of%20the%20process.aac?dl=0)

Recording this improvisation was helpful because it gave me the opportunity to express the full range of emotions I experienced. It felt in essence as if I was taking a step back, acknowledging the successes and challenges of the process as a whole. I chose a piano that was slightly out of tune, honouring the way I often battled with thoughts of feeling unsettled by the practical challenges of the research (for example, slotting therapy sessions into the school's schedule, and creating a safe environment inside the therapy room while there are verbal and sometimes physical abuse on the playground outside). The legato lines at the beginning of the piece signified my attempts to create a holding environment at the start of the research process. These were, however, interrupted by clashing harmonies, which represented the resistance I experienced from some participants. What seemed to be clashing harmonies at first, however, then developed into the melody of *Thula*, an African lullaby. This represented how the study changed my view on what it meant to be a holder of a child's bereavement process, as well as my personal process of becoming a mother in this time. At the end of the piece, there is the sound of a washing machine spinning frantically in the background. Although this was not planned to be part of the improvisation, I valued it as a reflection of how, while I was learning to operate in the roles of therapist and researcher, I was often most overwhelmed by learning to operate in the role of a mother myself.

## 4.2 The Music Therapy processes

### 4.2.1 Reasons for referral

As mentioned in chapter three, purposive sampling was used in this study as clients were referred to music therapy by their teachers. Each client's class teacher was asked to give specific reasons for their referral. Table 1 stipulates the reasons for referral of each client.

Client	Age	Gender	Reasons for referral
Kari	8	F	Decreased attention span; periods of inattentiveness
Mimi	11	F	Impaired concentration; episodes of loss of control
Jan	12	M	Apathy; chronic absenteeism
Fatima	7	F	Periods of inattentiveness; chronic absenteeism
Thandi	12	F	Apathy; acute denial and irrationality

*Table 1: Reasons for referral*

#### 4.2.2 Narrative of the Music Therapy process

Two clients had eight sessions each, two clients had five sessions and one client had two sessions. Kari and Mimi's processes, which lasted for eight sessions, had the following stages. Sessions one and two served as the assessment phase of their holistic presentation. This also served to build rapport for the foundation of the client-therapist relationship. The second stage entailed sessions three to seven, where each clients' process was uniquely designed according to observations made during the assessment phase. The eighth session was the final and concluding session of the process. When the processes lasted for five sessions, as in the cases of Jan and Fatima', the first two sessions also served as the assessment phase. The next two sessions served as the body of the process, which was again individually planned according to the client's therapeutic goals. The final session served as a conclusion. Thandi's process had only two sessions that were both still part of the assessment phase. Characteristics of the stages of the processes are documented in table 2.

Stage	Characteristics
One	Inform formulation of therapeutic goals and establish client-therapist relationships
Two	Uniquely compiled client-specific processes with active foci on therapeutic goals
Three	Ending and reflecting on processes

*Table 2: Stages of the music therapy processes*

#### 4.2.3 Therapeutic aims

Although the overarching goal of the music therapy processes was to support each client in his/her experience of bereavement, each process was uniquely guided by client-specific therapeutic aims formulated from the assessment phase. Table 3 states each clients' therapeutic aims.

Client	Therapeutic aims
Kari	To offer opportunities for personal storytelling; To offer opportunities for emotional expression through play
Mimi	To offer opportunities for emotional expression; To facilitate affordances of groundedness
Jan	To encourage autonomy; To offer opportunities for emotional expression
Fatima	To encourage emotional expression through play; To facilitate affordances of groundedness
Thandi	To grow in autonomy and self-confidence; To offer opportunities for emotional expression

*Table 3: Therapeutic aims for the individual processes*

#### 4.2.4 Structure of the sessions

Maintaining a structured layout to the sessions offered the children a sense of predictability within the therapeutic space. Each session would start with a greeting song or ritual that was specifically designed for the relevant client. These, together with the goodbye songs that were sung at the end of sessions, provided boundaries and signalled the start and finish of the sessions. The greeting songs were followed by instrumental improvisations and other specifically chosen therapeutic interventions that supported working towards the identified clinical goals. Table 4 describes the various activities and the musical content thereof.

Activity	Description	Musical content
Greeting song	Client-specific welcoming songs or rituals.	Guitar or djembe, with vocal content
Instrumental improvisation	Opportunity for client's free-expression in client-led improvisation. Created opportunity for therapist to gauge client's energy and mood on the day.	Therapist would offer basic structure but would be flexible if client leads differently.
Variable, specifically chosen therapeutic intervention	A range of different interventions where chosen following client-specific	Variety of active or receptive techniques

	processes. (Please see chapter 3 for examples of these interventions.)	
Reflection	Verbal or musical reflection on therapeutic interventions explored in session.	When reflections were musical, they were improvisational in nature.
Goodbye song	Client-specific goodbye song or ritual was the same each week, allowing sessions a predictable ending and clear boundary.	Guitar or djembe, with vocal content

*Table 4: Layout of sessions*

## 4.3 Case studies

### 4.3.1 Kari

Soft. *Stop.*

Be safe. *Stop.*

Be careful. *Stop.*

Be free, fun, young.

Stop.

Now go.

Or maybe not?

*Perhaps I should stop.*<sup>1</sup>

---

My process with Kari was delicate. She was a sensitive and gentle spirited girl, who presented with good self-confidence and who was eager to come to sessions. Kari had lost her mother about 17 months prior to the start of our process. She was currently living with her father and grandmother; the latter being the primary caregiver. She displayed nuances of playfulness in her engagement with me, but this was contrasting to her musical presentation, which was perseverative and tentative in nature.

Kari's teacher described her as being mostly secure in herself, but often losing focus and being in a daze in class. My session notes after session five identified moments of disengagement and "a far-off look in her eyes". At the start of session six her mood seemed low, but this shifted as soon as we started singing the welcome song. I perceived her to fully present and joyful as the session continued.

---

<sup>1</sup> I wrote this poem after the fourth session, which marked the middle of our therapy process. I identified my maternal countertransference in my approach of simultaneously wanting to protect her from the circumstances she was facing but also desiring for her to experience a carefree childhood. The regular font represents what I wanted to say to her, while the words in italics show my growing awareness of my countertransference.

It was evident that Kari wanted to please adults by doing whatever was asked of her. It was thus easy to lead her in a music therapy session, but it took some time for her to allow herself to take the lead. When this first happened, an imaginative world opened where she started referring to her brother, who seemed to be the antagonist in the family, as a frog who demands her to say and do things. Through improvisational song writing, we could explore her feelings towards “Froggie” in a safe environment.

During some of these improvisations Kari spoke of being scolded by Froggie who told her that she was “mean” and “bad”. It was during these engagements where I first picked up my tendency to divert from situations where clients started accessing difficult emotions. I heard myself verbally protecting Kari from Froggie and whenever she risked mentioning difficult feelings, I quickly reassured her and steered the music or conversation into an emotionally lighter space, aiming to make it more bearable for both of us.

I recorded the following improvisation as a musical means to my reflexive process. It represents an overview of my experience of Kari’s process:

<https://www.dropbox.com/s/cjtrceavzqpafix/Kari.aac?dl=0>

#### 4.3.1.1 Notable excerpts from Kari’s process

I selected seven notable excerpts, listed in table 5, from Kari’s process according to the following criteria and with the assistance of supervision:

- Musical material directly related to the research questions.
- Other interesting or illustrative video material that contributed to the research.
- Participant verbally engaging in contents relevant to the research questions, for example talking or singing about her bereavement.
- The visual and audio quality of chosen excerpts needed to be reasonably clear.

Excerpt	Session no	Description	Clip
1	1	Reflection upon art intervention (identifying resourcefulness)	24:00 – 26:00
2	2	Improvisation on exploring emotions, which lead to first conversation with <i>Froggie</i>	04:50 – 08:12
3	3	Improvised song: <i>Mom and dad</i>	10:00 - 16:00
4	4	Song about my family: <i>This is us</i>	03:48 – 07:07
5	6	<i>My feelings</i> : improvised song	05:00 – 11:36
6	6	Identifying feelings linked to memories	11:40 – 17:30
7	8	Performance of song written in sessions 5 to 8	14:27 – 20:00

Table 5: Notable moments from Kari's process

#### 4.3.1.2 Thick descriptions

After identifying the abovementioned excerpts from the video recordings, I then wrote thick descriptions. Table 6 provides an example of a thick description written to capture the excerpt from session two. Full thick descriptions are included in Appendix F.

	Verbal and non-verbal	Musical content	Notes
R	How does the thunder make you feel?	Both music therapist (hereafter: MTh) and client is actively participating and playing.	Engaging client in playful musical interpretations of weather – naming and playing in similar way like the emotions they elicit
K	Scared	Kari playing bells on each beat therapist strums; quality of playing is rhythmical, matching therapist's strumming	Client smiling while saying this: there is a disconnect between verbal and musical content
R	So scared, so scared	MTh plays ascending progression of major 7ths on guitar that carries suspension/tension	MTh echoes client affirming her contribution
R	I feel scared when the thunder comes	Lyrical melodic line brings resolution of suspension	

	Verbal and non-verbal	Musical content	Notes
	Kari picks up mbira		
R	<i>Whispers</i> : what kind of weather is that? ( <i>Points at mbira</i> )	K playing mbira with one finger; detached notes. MTh changes guitar playing to plucking, matching mbira's style	Client and MTh not in synchrony: therapist fails to match client's tempo
K	Shrugs, then answers: "It's windy.		
R	It's windy, shhhhh, shhhh, It's a windy day, it's a windy day And this is how the wind makes me feel...	MTh plays plucked guitar strings that matches quality and style of K's playing of mbira	Client looks up and smiles when she hears MTh echoing her answer back.
K	Cold. I want to sleep.		
R	I want to sleep, oh lets go home, let's go sleep		Echoing client's contributions supports stability and validates her input
K	Picks up Frog: starts playing in a fast tempo	K briefly explores with castanet; soon puts it down again	
R	(strumming)	MTh moves into an accelerando to match K's playing	
	There is a frog What is his name?	K picks up wooden guiro and starts playing soft, fast ongoing glissandi; she is speaking while she is playing	
K	Sqwatch.		
R	(Verbal imitation of guiro's sound): khweeah, khweeah Oh you with the frog-language, what are you saying to us today?	New musical phrase: fast tempo; quality of music definite, urgent, <i>marcato</i>	

	Verbal and non-verbal	Musical content	Notes
K	I'm happy		(holds guiro close to ear, as if listening)

Table 6: Example of a thick description

#### 4.3.1.3 Identifying emerging themes

Table 7 provides an excerpt of a thick description from session three with the emerging themes. Please see appendix F for all thick descriptions, also with emerging themes identified.

	Verbal/non-verbal content	Musical content	Notes	Themes
Context: Client was invited to sing a song for her father.				
K	I love you You love me We're a happy big family With a kiss from me to you	K playing a regular moderate beat on the claves MTh matches this with guitar: picking broken chords in K's tempo. K starts singing known children's song, with pauses when uncertain of words		Choosing Barney's song about love when singing song for father
R	Make up your own words.			MTh encouraging client's creativity
K	I love to hear you say you love me too I love you (pause) All this time, that I feel, Your only good daughter	New musical phrase and content from "All this time"; client waits on MTh to echo what she has sung Client is still playing claves in a regular beat		Client loves being affirmed by father's love for her  Identifying as father's only (good) daughter
R	Your only good daughter	MTh creates structure and validation by repeating client's phrases Guitar playing only when		MTh encouraging client's creativity by allowing space in the music for her to

	Verbal/non-verbal content	Musical content	Notes	Themes
		MTh is repeating, allowing client to sing freely		formulate melody
K	Since I had two brothers	Quality of improvised song is gentle, creating a safe space in the music for client to share		Client singing about family structure while music is gentle
R	Since I had two brothers			
K	When I wasn't born yet	Client extends melodic line to higher tonic note		
R	When I wasn't born yet		MTh struggling to hear what client is saying: singing softly	Client singing with soft and tender quality about family structure
K	So I had a first brother	Client uses descending melodic line Quality of music creates a tender space		Client singing about brother dying while music is gentle
R	So I had a first brother			
K	So he died! When he was still young and a baby!	Subito accent on <i>died</i> ; beating on claves now becoming irregular, matching rhythmic pattern of client's words Client moving away from melodic singing lines to melodic storytelling		First brother died as a baby  Rhythmic musical pattern matching client's rhythmically spoken words
R	A baby, oh.			
K	So one grew up!	Every word is accented; Intensity in the music is growing through frequent accents		
R	So one grew up...	Client joins therapist in the		

	Verbal/non-verbal content	Musical content	Notes	Themes
		echo of her phrase		
K	But now he is (pause, as if looking for words) very rude!	Irregular clave beats on every word		Brother who lived is very rude Brother's rudeness great concern Music becoming irregular as she explores living brother's rudeness

*Table 7: Example of thick description with emerging themes*

After developing themes for all the thick descriptions, I reviewed all the themes and developed superordinate themes by grouping related themes together. This process was guided by the research questions underpinning the study. Table 8 shows how the themes from the thick descriptions were grouped into superordinate themes.

Superordinate theme	Themes from thick descriptions
Client operates with confidence in music therapy space	<ul style="list-style-type: none"> <li>• Using the therapy space to assert her decisions</li> <li>• Using the music space to confidently assert herself</li> <li>• Using the space to confidently assert her wishes</li> <li>• Singing with confidence</li> <li>• Singing with assurance</li> <li>• Client resolutely leading therapist to the end of this explorative playing section</li> </ul>
Therapist experiences motherly countertransference towards client	<ul style="list-style-type: none"> <li>• Therapist experiences motherly countertransference in being excessively lovable and sweet to client</li> <li>• Therapist wanting to protect client against projective object's accusations</li> </ul>

Superordinate theme	Themes from thick descriptions
Client-therapist relationship offers client support	<ul style="list-style-type: none"> <li>• Client and therapist playing together supporting shared content</li> <li>• Client making eye contact with therapist, expecting therapist to support her musically</li> <li>• Client learning to expect MTh's validation of her expression</li> <li>• Client telling MTh to play with her, rather than her singing acapella</li> <li>• Client perceiving therapist as a source of strength rapidly</li> <li>• Therapist supporting client by following and adapting to client's tempo and shifts to new verses</li> </ul>
Client shows disengagement between emotional expression and musical content	<ul style="list-style-type: none"> <li>• Disengagement between emotional expression and musical content</li> </ul>
Client expresses range of emotions	<ul style="list-style-type: none"> <li>• Client has freedom to sing her feelings in music therapy</li> <li>• Client's choice of three key emotions: happy, angry, sad</li> <li>• Discussing feelings of anger towards her aunt</li> <li>• Using her song to sing of her anger regarding other family members</li> <li>• Using her song to sing of her sadness</li> <li>• Acknowledging of feeling sad emotion</li> <li>• Client acknowledging feelings of sadness</li> <li>• Expressing pleasure after singing the song she wrote</li> <li>• Enjoys feeling happy</li> <li>• Client pleased with song written in music therapy session.</li> <li>• Stating that she is happy.</li> <li>• Contrasting feeling happy and feeling sad</li> </ul>
Music supports the immediate atmosphere in music therapy session	<ul style="list-style-type: none"> <li>• Music supporting suspension and tension in play</li> <li>• Mutual awareness in musical engagement</li> <li>• Music therapy giving space for rhythm (structure) and disorder simultaneously</li> </ul>

Superordinate theme	Themes from thick descriptions
Client feels affirmed by peers because of who she is	<ul style="list-style-type: none"> <li>• Feeling liked because she shares</li> <li>• Feeling special because of positive personal attributes</li> <li>• After singing song, client imagining audience to be applauding her</li> </ul>
Music therapist unconsciously diverts from hard emotions	<ul style="list-style-type: none"> <li>• Therapist unconsciously moving away from exploring hard feelings</li> <li>• Therapist responding with closed comment, not allowing further exploration of comment</li> <li>• Therapist using shift in musical style to unconsciously move away from exploring hard feelings</li> <li>• Disconnect between therapist's verbal and musical content</li> </ul>
Therapist encourages client's creativity	<ul style="list-style-type: none"> <li>• Therapist encouraging client's creativity by allowing space in the music for her to formulate melody</li> <li>• Therapist supporting client in joining role play</li> <li>• Therapist encouraging client's creativity</li> </ul>
Client expresses her concerns about and desires for her brother	<ul style="list-style-type: none"> <li>• Brother who lived is very rude</li> <li>• Brother's behaviour is great concern: slept in someone's car</li> <li>• Brother's rudeness is great concern</li> <li>• Music becoming irregular as she explores lived brother's rudeness</li> <li>• Expressing frustration with brother's rudeness with aggressive playing on djembe drum</li> <li>• Quality of music changing to being shy, embarrassed and disappointed when singing about brother's bad behaviour.</li> <li>• Client desiring for brother to be good</li> <li>• Client expressing her hope that her brother is still fine</li> <li>• Client showing feelings of sadness about how her brother treats her</li> <li>• Concerned about impact of brother on grandmother</li> <li>• Using music therapy to role play speaking to her brother</li> </ul>

Superordinate theme	Themes from thick descriptions
<p>The client uses projective figure to express feelings about her brother</p>	<ul style="list-style-type: none"> <li>• Projection onto Froggie: believes brother finds her irritating</li> <li>• Projection onto Froggie: character bossy in telling her what to say</li> <li>• Projection onto Froggie: claims client is a liar</li> <li>• Projection onto Froggie: controlling the musical improvisation by leading with drive and firmness</li> <li>• Projection onto Froggie: slapping Froggie</li> <li>• Projection onto Froggie: shouting at client</li> <li>• Projection onto Froggie: hitting the instrument after she has said that she hits Froggie</li> <li>• Projection onto Froggie: he does not feel heard</li> <li>• Exploring relational tensions protectively</li> </ul>
<p>Client explores and reveals characteristics of projective figure</p>	<ul style="list-style-type: none"> <li>• Frog expressing desire to kill other</li> <li>• Frog expressing hatred in relationship</li> <li>• Froggie a threat to family</li> <li>• Froggie has a dominant voice in the family</li> <li>• Froggie identified as client's brother</li> <li>• Brother compared to Froggie-character</li> <li>• Froggie threatening to kill music therapist's family</li> <li>• Music therapist resisting Froggie's threat to kill her family.</li> <li>• Client assured of her truth even though Froggie claims her to be a liar</li> <li>• Client claiming Froggie is a liar</li> <li>• Client describing Frog as happy</li> <li>• Client claiming not to be physically hurt by Froggie but that she hits him</li> <li>• In music therapy, client is able to say to Froggie that he is mean</li> </ul>

Superordinate theme	Themes from thick descriptions
Client articulates aspects of her relationship with her father	<ul style="list-style-type: none"> <li>• Choosing Barney's song about love when singing song for father</li> <li>• Asking another character to speak on her behalf about her father</li> <li>• Singing her longing for her father</li> <li>• Identifying as father's only (good) daughter</li> <li>• Loves to be affirmed by father's love for her</li> <li>• Difficulty articulating father's feelings about mother</li> </ul>
Client engages with sensitive content when music is gentle	<ul style="list-style-type: none"> <li>• Client singing about family structure while music is gentle</li> <li>• Singing about brother dying while music is gentle</li> <li>• Client singing with soft and tender quality about family structure</li> </ul>
Client explores ways to still connect with her mother	<ul style="list-style-type: none"> <li>• Envisaging mom to be concerned with her happiness.</li> <li>• Imagining the sun to be her mother</li> <li>• Client using music therapy to explore how she can still please her mother</li> </ul>
Client engages with emotions regarding the loss of her mother	<ul style="list-style-type: none"> <li>• Client using music therapy to role play speaking to her mother</li> <li>• Using her song to sing about how she misses her mother.</li> <li>• Using through storytelling in the music therapy space to express the mixture of emotions and events she remembers from the time her mother died</li> <li>• Using her song to sing about how she feels her mother left her and the other family members</li> <li>• Using her song to express her love for her mother.</li> <li>• Using her song to sing her questions regarding her mother leaving her</li> <li>• Using music therapy space to sing her longing for her mother</li> </ul>

Superordinate theme	Themes from thick descriptions
Client remembers specific information regarding mother's death	<ul style="list-style-type: none"> <li>• Sharing on how she misses mother on special occasions</li> <li>• Sharing information with therapist about her mother's birthday</li> <li>• Using the space to describe the events at the time of her mother's death (her birthday celebration)</li> <li>• Remembering and sharing uncertainty about her mother's illness</li> <li>• Expressing sad feelings regarding missing mother</li> <li>• Expressing sadness at her mother's death</li> <li>• Mentioning impact of mother's death on her school work</li> <li>• Willing to discuss aspects of mother's death</li> <li>• Mentioning that her teacher at the time attended the funeral</li> </ul>
Client remembers specific information about her family regarding mother's death	<ul style="list-style-type: none"> <li>• Singing how her family collectively misses her mother</li> <li>• Remembering memory of family being together</li> <li>• Remembering all family members that came to the hospital when mother died cried</li> <li>• Mentioning happy memory of mom with the family</li> <li>• Explaining that family mourned together</li> <li>• Using music therapy to remember happy times as a family</li> </ul>
Extended family is a resource to client	<ul style="list-style-type: none"> <li>• Mentioning extended family's involvement.</li> <li>• Extended family playing a vital role in lifeworld of client.</li> <li>• Extended family important in her lifeworld</li> <li>• Client imagined family clapping hands upon final performance of song</li> <li>• Using the space to imaginatively celebrate with her family</li> <li>• Gaining strength through presence of family members</li> <li>• Expressing love for family members through singing</li> <li>• Gaining strength from presence of family members</li> <li>• Using her song to express love for her other family members</li> <li>• Mother's birthday is a special day for whole family</li> </ul>

Superordinate theme	Themes from thick descriptions
Client shares information about family celebrations	<ul style="list-style-type: none"> <li>• Client allowing connection with MT in music after sharing information about family celebrations</li> <li>• Sharing information about how the family celebrates her mother's birthday</li> <li>• Sharing information about how the family celebrates Christmas</li> </ul>
Through music making, client explores variety of moods	<ul style="list-style-type: none"> <li>• Expressive variety of client's playing showing how MT allows her to explore a variety of moods</li> <li>• Incongruence in verbal and musical contents: speaking softly about being told not to feel sad, although playing loudly with expressive strength</li> </ul>
Client expresses herself with drumming after talking about difficult subjects	<ul style="list-style-type: none"> <li>• Client choosing to only express herself with loud drum beats played when invited to musically or verbally say more about going to her mother's grave</li> <li>• Client playing a contextually typical beat (Kaapse Klopse) after she mentions her power over Froggie.</li> </ul>
Client uses music-making to process difficult content	<ul style="list-style-type: none"> <li>• Client using musical instrument to project sensitive relational content</li> <li>• Client using the music therapy space to express her feelings</li> <li>• Client playing focussed and directed music after sharing information about family celebrations</li> </ul>
Client acknowledges resources in her life	<ul style="list-style-type: none"> <li>• Gaining strength from the presence of her grandmother</li> <li>• Gaining strength from teacher</li> <li>• Gaining strength from having a TV</li> <li>• Mentioning community support at the time of her mother's death</li> </ul>
Client's music changes with change in thinking and feeling	<ul style="list-style-type: none"> <li>• Client's music changing as she explores different emotion</li> <li>• Rhythmic musical pattern matching client's rhythmically spoken words</li> </ul>
Music therapist validates client's expressions	<ul style="list-style-type: none"> <li>• Therapist using music to support validation of client contributions</li> <li>• Client's expressions are validated musically by the MT</li> </ul>
Client scared of thunder	<ul style="list-style-type: none"> <li>• Scared of thunder</li> </ul>

<b>Superordinate theme</b>	<b>Themes from thick descriptions</b>
Client expresses feelings of pleasure when she is with animals	<ul style="list-style-type: none"> <li>• Pleasure being with animals</li> </ul>
In music therapy, client sings about her future	<ul style="list-style-type: none"> <li>• Using her song to sing about who she wants to be when she is older</li> </ul>
Remembers family history	<ul style="list-style-type: none"> <li>• First brother died as a baby</li> </ul>
	<ul style="list-style-type: none"> <li>• Allocated therapy room susceptible to noise in school hall</li> </ul>

*Table 8: Themes from thick descriptions gathered into superordinate themes*

From the superordinate themes set out in the table above, main themes from Kari's process were then developed. These are listed in Table 9.

<b>Main theme</b>	<b>Superordinate themes</b>
Research question: <ul style="list-style-type: none"> <li>• What role can a music therapy process play when utilised as an intervention for children's bereavement after the loss of a parent?</li> </ul>	
In music therapy, the client is offered the opportunity to engage with a range of emotions	<ul style="list-style-type: none"> <li>• In MT session, client expresses range of emotions</li> <li>• In MT, client engages with emotions regarding the loss of her mother</li> <li>• Through music making, client explores variety of moods</li> <li>• Client scared of thunder</li> <li>• Client expresses feelings of pleasure when she is with animals</li> </ul>
The Client-therapist relationship supports the client	<ul style="list-style-type: none"> <li>• In MT session, client-therapist relationship offers client support</li> <li>• Therapist encourages client's creativity</li> <li>• Music therapist validates client's expressions</li> </ul>

Main theme	Superordinate themes
Music therapy offers the client a safe space to articulate and explore significant relationships	<ul style="list-style-type: none"> <li>• In MT, client explores ways to still connect with her mother</li> <li>• In MT, client articulates aspects of her relationship with her father</li> <li>• Client using projective figure to express feelings about her brother</li> <li>• In MT, client explores and reveals characteristics of projective figure</li> <li>• In MT, client expresses her concerns about and desires for her brother</li> </ul>
In music therapy, the client recalls detailed information about her family	<ul style="list-style-type: none"> <li>• Client remembers specific information regarding mother's death</li> <li>• Client remembers specific information which included her family regarding mother's death</li> <li>• Remembers family history</li> <li>• Client shares information about family celebrations</li> </ul>
The client's resourcefulness is highlighted in music therapy sessions	<ul style="list-style-type: none"> <li>• Client acknowledges resources in her life</li> <li>• Extended family is a resource to client</li> <li>• In MT, client sings about her future</li> <li>• Client operates with confidence in music therapy space</li> <li>• Client feels affirmed by peers because of who she is</li> </ul>
Music supports the client when working through difficult content	<ul style="list-style-type: none"> <li>• Client uses music-making to process difficult content</li> <li>• Client expresses herself with drumming after talking about difficult subjects</li> <li>• Client engages with sensitive content when music is gentle</li> <li>• Client's music changes with change in thinking and feeling</li> <li>• Music supports the immediate atmosphere in MT session</li> <li>• Client shows disengagement between emotional expression and musical content</li> </ul>
Themes relating to a reflexive awareness that was useful in the guiding of the therapeutic process	
Intern music therapist experiences countertransference	<ul style="list-style-type: none"> <li>• Therapist experiences motherly countertransference towards client</li> <li>• Music therapist unconsciously diverts from hard emotions</li> </ul>

*Table 9: Superordinate themes gathered into main themes*

#### 4.3.2 Mimi

Working with Mimi challenged me greatly. I felt impoverished in my ideas and creativity when preparing for sessions. I experienced the facilitation of sessions as equally demanding: I would start with great vigour, only to find myself running into a wall of great resistance expressed by her. I often found myself thinking her responses were essentially unwilling. Session notes from my first session read:

Her presence in the session was hesitant; the quality of her music tentative. The reasons for this could have been many. Perhaps because I am a white female trying to unconvincingly bring music other than my culture's to the session? Or I might have been experiencing countertransference related to her own potentially numbed feelings about the loss of her father? Or could it simply be that she was just having an "off day"?

Mimi displayed difficulty concentrating. She would rapidly lose interest in an activity. Her non-musical presentation communicated a need for groundedness. In conversations she presented as indecisive. I battled to find structure in her music to support. When at times I would offer musical structure in an improvisation, she would reject it. It was only in the fourth session where there were elements of more explorative and participatory risk-taking in her engagement.

Mimi's family was of the Muslim faith. She would often tell me of her daily afternoon visits to the Islamic school. With the start of Ramadan, she said that she would not be able to come to sessions for the duration of the fast as she was not permitted to make or listen to music during that period. This was a significant time for their family as her father had died during the fasting month the year before. I suggested that we continue the therapeutic process during that time with verbal interaction only. She elected to suspend her therapy process, however, which resulted in a month-long break.

When we commenced our music therapy process again, there was greater resistance in Mimi. Her passivity in sessions grew and I was overcome with feelings of frustration. Looking back at the process as a whole, I explored whether these feelings were rooted in countertransference of this frustration or perhaps were projective identification of the client's

feelings of frustration within her grieving process. The former could have been influenced by an underlying drive to see shifts in my client, with notions of academic pressure influencing what I had brought into the therapeutic space. In the case of the latter, she may have been projecting her feelings of frustration onto me, then acted in a way that elicited those feelings in me, which I identified with and acted out in our musical engagement. I noted in my session notes how it felt like our client-therapist relationship had regressed. I experienced a great resistance specifically in using music clinically with this client. In session seven, my countertransference with her was so strong that I found myself banging the drum loudly in frustration and hopelessness. The moment I realised this, I stopped, took a deep breath and asked her to start our musicking again. My request was met with a numb: "I don't know."

Upon watching the sessions in preparation for writing the thick descriptions, I saw many fewer moments of resistance from Mimi in the musical space than I remembered there to be. I realised my countertransference with this client was a lens through which I perceived the interaction and this had more of an influence than I realised at the time. Looking at my reflections and personal notes from the time of our process, I noticed an overarching theme of frustration. Considering the musical and emotional qualities I had offered this client as a response to her presentation, I realise now that as music therapy intern, I was the limiting element in the session. I reflected on my process with Mimi by writing this poem:

### **Maybe tomorrow**

Two worlds collide

clash

crash

I'm knocking, you're resisting

I'm persisting, you're stopping

Invitations don't excite you

forever apathetic

making me feel pathetic

I feel stretched beyond my borders

(why do I still have borders?)

Let's try again tomorrow

Maybe tomorrow

I also reflected on our process by means of this improvisation. It represents an overview of my experience of Mimi's process:

<https://www.dropbox.com/s/zyw3l83h5dxfbza/Mimi.aac?dl=0>

#### 4.3.2.1 Notable excerpts from Mimi's process

Table 10 lists six excerpts I identified from Mimi's process on the basis of the criteria mentioned in 4.3.1.1 and with the assistance of supervision:

Excerpt	Session no	Description	Clip
1	1	Improvised song-writing: <i>A day in the life of Mimi</i>	09:45 – 13:39
2	3	Exploration with instruments	12:58 – 15:18
3	4	Reflection on picture on resourcefulness	20:45 – 26:00
4	5	Musical improvisation	24:00 – 29:13
5	6	Story about celebrating Eid	13:49 – 21:10
6	7	Piano improvisation	03:30 – 05:00

*Table 10: Notable moments from Mimi's process*

#### 4.3.2.2 Identifying emerging themes

As in my process with Kari, I developed themes from all the thick descriptions from Mimi's process. I then reviewed the total list of themes and developed superordinate themes by grouping related themes together. These thick descriptions and corresponding themes for Mimi are included in appendix G. Table 11 shows how the themes from the thick descriptions were grouped into superordinate themes.

Superordinate theme	Themes from thick descriptions
Client presents with autonomy and assertiveness in music-making	<ul style="list-style-type: none"> <li>• Client assertive in determining the end of the joint musical experience</li> <li>• Client clearly communicating end of improvisation to therapist through her music and posture</li> <li>• Client displaying assertiveness in the music</li> <li>• Client showing autonomy in music-making: client shifts musical style</li> <li>• Client showing autonomy in music-making: initiates strong rhythmic drive</li> <li>• Client showing autonomy in music-making: initiates shifts in musical style</li> <li>• Client showing autonomy in music-making: does not want to sing</li> <li>• Client showing autonomy in music-making: changes medium of playing djembe</li> <li>• Client displaying assertiveness in determining duration of intervention</li> </ul>
Client allows relational engagement in music-making	<ul style="list-style-type: none"> <li>• Client responding to MTh's intervention to provide increased rhythmical structure</li> <li>• Client's music shifting to faster tempo after making eye contact with MTh</li> <li>• Client smiling at MTh while continuing playing</li> <li>• Client and therapist's playing together becomes a patterned figure</li> <li>• Client presenting with relaxed posture as she continues to participate in music-making</li> <li>• When unsure of what to do to start piano improvisation, client asking MTh's guidance</li> </ul>

Superordinate theme	Themes from thick descriptions
Client displays musical responses that is affirmative of client-therapist relationship	<ul style="list-style-type: none"> <li>• Client playing drum with both hands when invited by MTh to determine the end of the improvisation</li> <li>• Client stops playing and listens to what MTh is playing</li> <li>• Client starting new phrase when she realises MTh is following her playing</li> <li>• Client's playing gains motion and focus after eye contact with MTh</li> <li>• Client starting improvisation after MTh assures her she could do anything on the instrument</li> <li>• Client asking therapist to show her how to play a specific instrument</li> <li>• Client showing end of improvisation after allowing MTh to offer suggestions to do this</li> </ul>
In MT, client shares that she sings as part of a religious group	<ul style="list-style-type: none"> <li>• Client would sing as part of a religious group</li> <li>• Client enjoys singing as part of a religious group</li> </ul>
In MT, client shares aspects about her relationships with teacher	<ul style="list-style-type: none"> <li>• Client does not go to teachers if she has a bad day at school</li> <li>• Client identifying that she would need help if a child hits her</li> <li>• Client will be telling her teacher if someone hits her</li> <li>• Client feeling assured of who her favourite teacher is</li> </ul>
In MT, client shares aspects about her relationships with friends	<ul style="list-style-type: none"> <li>• Client sharing on having friends over at night to draw</li> <li>• Client saying she has lots of friends</li> <li>• Without hesitating, client mentions two best friends</li> </ul>
Music Therapist overcompensating in music and affect	<ul style="list-style-type: none"> <li>• MTh overcompensating for client's low display of affect by over-expressing own affect</li> <li>• MTh including more lyrics than what client offered when echoing client</li> <li>• MTh providing too much structure, constraining client's free style</li> </ul>

Superordinate theme	Themes from thick descriptions
When in verbal engagement, client presents with a lack of assertiveness	<ul style="list-style-type: none"> <li>• Client questioning why the intervention is being done</li> <li>• Client repeatedly answering “I don’t know” to explorative questions MT asks in relation to picture she had coloured in</li> <li>• Client answering “I don’t know” to questions in verbal reflection</li> <li>• Client indecisive when asked whether she liked the musical improvisation</li> <li>• Client not sure what her father would be saying to her today</li> <li>• After the bell has rung, client does not want to explore more of the piano improvisation</li> </ul>
Client resists engaging in vocal contributions in music	<ul style="list-style-type: none"> <li>• Client resisting engaging in vocal contributions in music</li> </ul>
Client acknowledges resources in her life	<ul style="list-style-type: none"> <li>• Client gaining strength from her teacher</li> <li>• Client gaining strength from mother</li> <li>• Client gaining strength from sister</li> </ul>
Client certain of parents’ positive feelings about her	<ul style="list-style-type: none"> <li>• Client certain that her parents are proud of her because she listened to them</li> <li>• Client certain that her parents are proud of her because she did her work</li> <li>• Client certain that her parents are proud of her because she passed all her subjects in a term</li> <li>• Client certain that her father was proud of her because he would buy her things or give her money</li> <li>• Client giving assured answer about her father’s feelings towards her</li> <li>• Client giving assured answer about her mom’s feelings towards her</li> </ul>

Superordinate theme	Themes from thick descriptions
In MT, client speaks about family	<ul style="list-style-type: none"> <li>• Client believing her brother will help her if she needs help</li> <li>• Family members tell one another when they miss their father</li> <li>• Client speaking about family structure</li> <li>• Client speaking about family's living arrangements</li> <li>• Client not sure if she would tell her sister if she is not feeling well</li> <li>• Client telling of fixed daily routine</li> </ul>
In MT, client affirms relationship with her mother	<ul style="list-style-type: none"> <li>• Client would be telling her mother if she knows that she is in trouble</li> <li>• Client does not have fights with her mom</li> <li>• Client feeling safe to tell a secret to her mother</li> <li>• Client feeling safe to tell her mother if she is not feeling well</li> <li>• Client would be telling her mother if she is not feeling well</li> <li>• Client assured that she will always speak to her mom</li> <li>• Client would be speaking to her mom if she has something she needs to speak about</li> </ul>
In MT, client speaks about her feelings about her father's death	<ul style="list-style-type: none"> <li>• Client sharing on how she keeps old mobile phones as memories of father</li> <li>• Client sharing on how she keeps pictures of father to remember him</li> <li>• Client sharing on how she misses receiving gifts from her father</li> <li>• Client starting music-making after conversation about her father</li> <li>• Client sharing feelings about when at father's grave</li> <li>• Client sharing information on going to her father's grave</li> <li>• Client sharing information on remembrance of father's life</li> <li>• Client sharing feelings about leaving father's grave</li> <li>• Client telling family when she misses her father</li> <li>• Client acknowledging her mother's experience of missing her spouse</li> <li>• In MT, client is able to say that she misses her father every day</li> </ul>
In MT, client shares views on beliefs and rituals	<ul style="list-style-type: none"> <li>• Client is sharing information on rituals at father's grave</li> <li>• Client is sharing information on her feelings about rituals</li> <li>• Client is sharing beliefs about afterlife</li> </ul>

Superordinate theme	Themes from thick descriptions
In MT, client has liberty to explore instruments	<ul style="list-style-type: none"> <li>• Client exploring with instrument's sound while MTh supports musically</li> <li>• In MT, client experimenting with using one instrument as a mallet for the other</li> <li>• Client exploring with instruments after encouragement from MTh</li> <li>• Client trying new instrument after MTh demonstrates</li> <li>• Client engaging in free exploration of instruments</li> </ul>
Client disengages with art intervention	<ul style="list-style-type: none"> <li>• Client does not want to tell MTh anything about the picture she had coloured in</li> <li>• Client not relating to figure in picture as herself</li> </ul>
Client engages when conversation facilitated through music	<ul style="list-style-type: none"> <li>• Client engaging in conversation that is facilitated by the music</li> <li>• Client answering questions sung by MTh in spoken voice</li> </ul>
Client's assertiveness in musical engagements contrasts indecisiveness of verbal communication	<ul style="list-style-type: none"> <li>• Client's assertiveness in musical engagements contrasting indecisiveness of verbal communication</li> </ul>

*Table 11: Themes from thick descriptions gathered into superordinate themes*

From the superordinate themes set out in table 11, the following main themes from Mimi's process were developed:

Main theme	Superordinate themes
<p>Research question:</p> <ul style="list-style-type: none"> <li>• What role can a music therapy process play when utilised as an intervention for children's bereavement after the loss of a parent?</li> </ul>	
<p>Music therapy offers the client a safe space to articulate and explore significant relationships</p>	<ul style="list-style-type: none"> <li>• In MT, client shares aspects about her relationships with friends</li> <li>• In MT, client shares aspects about her relationships with her teacher</li> <li>• In MT, client speaks about family</li> <li>• Client certain of parents' positive feelings about her</li> </ul>
<p>The client's resourcefulness is highlighted in music therapy sessions</p>	<ul style="list-style-type: none"> <li>• In MT, client affirms relationship with her mother</li> <li>• Client acknowledges resources in her life</li> </ul>
<p>Music supports the client when working through difficult content</p>	<ul style="list-style-type: none"> <li>• In MT, client speaks about her feelings about her father's death</li> </ul>
<p>Client allows client-therapist relationship to be strengthened through music</p>	<ul style="list-style-type: none"> <li>• Client allows relational engagement in music-making</li> <li>• Client displays musical responses that is affirmative of client-therapist relationship</li> <li>• Client engages when conversation facilitated through music</li> <li>• When in verbal engagement, client presents with a lack of assertiveness</li> </ul>
<p>Client display expression through musical engagement</p>	<ul style="list-style-type: none"> <li>• Client presents with autonomy and assertiveness in music-making</li> <li>• In MT, client has liberty to explore instruments</li> </ul>
<p>In MT, client expresses her views on relevant beliefs and rituals</p>	<ul style="list-style-type: none"> <li>• In MT, client shares that she sings as part of a religious group</li> <li>• In MT, client shares views on beliefs and rituals</li> </ul>
<p>Client's assertiveness in</p>	<ul style="list-style-type: none"> <li>• Client resists engaging in vocal contributions in music</li> </ul>

Main theme	Superordinate themes
musical engagements contrasts indecisiveness of verbal communication	<ul style="list-style-type: none"> <li>• Client disengages with art intervention</li> <li>• Client's assertiveness in musical engagements contrasts indecisiveness of verbal communication</li> </ul>
Themes relating to a reflexive awareness that was useful in the guiding of the therapeutic process	
Music therapist overcompensates	<ul style="list-style-type: none"> <li>• MT overcompensating in music and affect</li> </ul>

*Table 12: Superordinate themes gathered into main themes*

### 4.3.3 Thandi

Thandi was referred the week after her father was shot by gangsters. When I met her, she seemed intrigued by the idea of coming to music therapy. Her consent form was signed and brought back straight away. However, once our sessions started, she did not seem excited to come. During our second session, after showing minimal emotions, she was overwhelmed by a flush of emotions. I sat with her for 15 minutes, playing music with a gentle and holding quality on the guitar and singing, allowing the music to create a safe and therapeutic environment.

Thandi presented with flat affect and was quiet and reserved in our sessions. Although we only had two sessions, I had identified possible clinical goals for her to grow in autonomy and self-confidence. I had hoped that the music therapy space could afford her a place of safety and freedom of expression.

She first chose to play the drum in our initial session. Her music was soft but with qualities of urgency, rushing and perseverating. When I extended our music-making to a louder dynamic, she covered her ears saying that she did not like loud sounds. I wondered whether the drumming reminded her of gun shots. Her other favourite instrument was the mbira. She said she liked the sound. She played for long sections, waiting on my cue to stop.

After our second session, Thandi indicated that she would not be able to attend any further music therapy sessions because of increased academic load. We tried to arrange an alternative time, but our efforts were unsuccessful, mainly due to limitations in her transport to and from school. I experienced intense countertransference of feelings of sadness when we had the discussion to terminate the therapy process. As I was talking to the client, I suddenly felt burdened and emotional. When I got back to the therapy room, I felt contained again. I worked through my feelings by means of free writing interventions. I realise that the music therapy process may have elicited feelings in her that she did not feel ready to engage with, and for this reason became resistant.

I gave Thandi the option to engage in a single session or a process of music therapy sessions again and gave her the days and times that I would be in the therapy room. I include my reflection notes after I had visited her again about two weeks after her withdrawal:

I checked in at her class again; she was not excited to see me. I speculate that she hates being exposed. It looked like she started was starting to walk with me to the therapy room but said that she “still don’t want to come, even for one ‘fun’ session”. On asking her how she is, she bluntly and somewhat irritated answered, “I’m fine, Miss.” I have closure over our process being done.

We did not have a full therapy process where I could offer Thandi the opportunity to engage clinically with music and participate in working towards the identified clinical goals over the course of eight sessions. However, I cannot help but honour the fact that engaging in this short process afforded her the opportunity to act autonomously by communicating about the termination of the process, as well as the opportunity to have a space for emotional expression, as was seen in the second session. I acknowledge that one could have also interpreted some of the themes from the data mentioned in the next section otherwise; perhaps from a different lens as I did. Considering possibilities of contraindications in the data could have enriched the findings of the study but for the purpose of this study I worked from a framework that was aimed to acknowledge supportive aspects that a music therapy processes could hold for bereaving children.

I recorded this improvisation as part of my reflexive process. It represents an overview of my experience of working with Thandi:

<https://www.dropbox.com/s/e66olxrhrgsi8h4/Thandi.aac?dl=0>

#### 4.3.3.1. Notable excerpts from Thandi’s process

Table 13 notes the significant moments that I identified from Thandi’s two-session process. These excerpts were chosen on the criteria as mentioned in 4.3.1.1 and with the assistance of supervision:

Excerpt	Session number	Description	Clip
1	1	Musical improvisation: Mbira and guitar	10:25 – 15:50
2	2	Improvisation and holding through music	07:25 – 28:55

*Table 13: Notable excerpts from Thandi’s process*

I developed themes from all the thick descriptions from the notable moments of Thandi's process. I then reviewed the total list of themes and developed superordinate themes by grouping related themes together. These thick descriptions and corresponding themes for Thandi are included in appendix H.

#### 4.3.3.2. Identifying emerging themes

<b>Superordinate theme</b>	<b>Themes from thick descriptions</b>
In music therapy, client displays embodied responses	<ul style="list-style-type: none"> <li>• Client's posture becoming more relaxed when improvisation ends</li> <li>• Client showing physical resistance to loud sound</li> <li>• Client displaying embodied response to irregular tempo</li> <li>• Client's embodied response displaying presence in shared music experience with MTh</li> </ul>
Client resists verbal and vocal engagement	<ul style="list-style-type: none"> <li>• Client resisting verbal engagement</li> <li>• Client resisting vocal engagement in musical improvisation intervention</li> </ul>
Client acknowledges resources in her life	<ul style="list-style-type: none"> <li>• Client feeling strong because of sports</li> <li>• Client feeling strong because of the presence of her mother</li> <li>• Because of learning, client is feeling strong at school</li> </ul>
Client displays assertive decision-making in musical engagements	<ul style="list-style-type: none"> <li>• Client showing end of the improvisation assertively</li> <li>• Client leading musical improvisation with strongly defined beat</li> <li>• Client initiating accelerando in improvisation</li> <li>• Client initiating ending of shared music experience</li> <li>• Client initiating changes in tempi in the music</li> </ul>
Therapist experiences motherly countertransference towards client	<ul style="list-style-type: none"> <li>• MTh's maternal countertransference being exposed through musical nuances</li> </ul>
After making an assertive decision in musical engagement, client	<ul style="list-style-type: none"> <li>• After initiating the end of the improvisation, client makes eye contact with MTh</li> </ul>

Superordinate theme	Themes from thick descriptions
initiates relational contact	
Client grounded in musical engagement, whilst actively resisting relational contact	<ul style="list-style-type: none"> <li>• Client present and aware in music, but is not allowing relational contact</li> <li>• Although client is displaying blunted affect, she is fully present in the music</li> <li>• Client looking up at MTh when a vocal intervention is introduced</li> </ul>
In music therapy, client expresses and acts upon aversion for loud sounds	<ul style="list-style-type: none"> <li>• Client expressing that she dislikes loud sounds</li> <li>• Client exchanging djembe drum for mbira because of instruments' contrasting timbres</li> <li>• Client avoiding loud sound by resisting full crescendo</li> </ul>
Client engaging purposefully in music when playing on an instrument with a gentle timbre	<ul style="list-style-type: none"> <li>• Playing on an instrument with a gentle timbre, quality of client's playing is definite</li> <li>• Playing on an instrument with a gentle timbre, quality of client's playing is strong</li> <li>• Playing on an instrument with a gentle timbre, quality of client's playing is without end</li> <li>• After changing to instrument with gentle timbre, client starts playing without hesitation</li> <li>• Shared music experience carrying a strong, driving musical quality, while timbre remains gentle</li> <li>• Client communicating affinity for mbira's soft musical qualities</li> </ul>
In music therapy, client explores on instrument	<ul style="list-style-type: none"> <li>• Client exploring areas on membrane of drum where it can be played</li> </ul>

*Table 14: Themes from thick descriptions gathered into superordinate themes*

From the superordinate themes set out in table 14, the following main themes from Thandi's process were developed:

Main theme	Superordinate themes
Research question:	

Main theme	Superordinate themes
<ul style="list-style-type: none"> <li>• What role can a music therapy process play when utilised as an intervention for children's bereavement after the loss of a parent?</li> </ul>	
The client-therapist relationship is developing and being established	<ul style="list-style-type: none"> <li>• After making an assertive decision in musical engagement, client initiates relational contact</li> </ul>
In music therapy, client expresses specific preference	<ul style="list-style-type: none"> <li>• In music therapy, client expresses and acts upon aversion for loud sounds</li> <li>• Client engaging purposefully in music when playing on an instrument with a gentle timbre</li> </ul>
In music therapy, client displays assertive execution of preferences	<ul style="list-style-type: none"> <li>• Client grounded in musical engagement, whilst actively resisting relational contact</li> <li>• Client resists verbal and vocal engagement</li> <li>• Client displays assertive decision-making in musical engagements</li> <li>• In music therapy, client explores on instrument</li> </ul>
The client's resourcefulness is highlighted in music therapy sessions	<ul style="list-style-type: none"> <li>• Client acknowledges resources in her life</li> </ul>
Embodied expression	<ul style="list-style-type: none"> <li>• In music therapy, client displays embodied responses</li> </ul>
<p>Themes relating to a reflexive awareness that was useful in the guiding of the therapeutic process</p>	
Intern music therapist experiences countertransference	<ul style="list-style-type: none"> <li>• Therapist experiences motherly countertransference towards client</li> </ul>

Table 15: Superordinate themes gathered into main themes

#### 4.3.4 Jan

how brave, how strong,  
in the name of a mighty one  
protector of your family  
joyfully young, painfully rational

the winds whirl below your surface  
your music strong, wordless  
an angry superhero  
a need to be *leggiero*<sup>2</sup>

your art breaks you free  
it liberates you from the intensity  
as winds aris  
e and seasons change  
may you embrace the fullness of your emotions' range<sup>3</sup>

---

When Jan's teacher referred him for music therapy, he made it clear that Jan was one of his favourite learners in the class. He assured me that I would not easily come across another such well-mannered and hard-working learner. He was concerned of late as Jan was becoming apathetic and missing school often.

---

<sup>2</sup> Italian musical term meaning "lightly".

<sup>3</sup> I wrote this poem on a day I had prepared the therapy room for a session but then found out than he was absent again. I reflected on my perception of his lifeworld. The first paragraph describes the image of the role he operates in since his mother's death. The second paragraph explores how he has presented in the music therapy space. The last paragraph starts with an acknowledgement of his resourcefulness. It ends with my expression of hope that he would be able to access and express his emotions freely, not having to uphold a front for his family's sake.

When I was verbally engaging with Jan in sessions, I could see why his teacher had such an elated opinion of him. He presented with well-developed relational engagement skills, seemed grounded and eagerly embraced his talents and passions, such as drawing. Musically he presented with bright and striking qualities in his music, at times with some perseverative tendencies. After a brief assessment period, I formulated clinical goals: to encourage autonomy and to offer opportunities for emotional expression because I had observed Jan as being “overly” polite and suppressing his emotions and desires.

During our process, he was absent from school on three days that we had pre-planned sessions. Our process ended rather abruptly, with him again being absent from school on the day of our final session. I explored reasons for his absconding behaviour and found much of it to be rooted in a heavy emotional load and family responsibilities that he had taken upon himself. His mother had passed away in the same year of this music therapy process and his father remarried during the time of our sessions.

The following improvisation forms part of my reflexive process. I recorded it once Jan’s music therapy process ended, which was as mentioned above, more sudden than I had planned:

<https://www.dropbox.com/s/vtqb7cbfzl3vwej/Jan.aac?dl=0>

#### 4.3.4.1. Notable excerpts from Jan’s process

Jan had four music therapy sessions. Table 16 lists three excerpts from Jan’s process that I identified as significant for this research study on the basis of the criteria mentioned in section 4.3.1.1 and with the assistance of supervision:

Excerpt	Session no	Description	Clip
1	1	Art intervention reflection: <i>Aspects of me</i>	25:07 – 28:20
2	2	Piano improvisation: contrast from session 1	12:32 – 16:01
3	3	Art intervention verbal and musical reflection: <i>My family</i>	13:30 - 27:50

*Table 16 Notable excerpts from Jan’s process*

#### 4.3.4.2. Identifying emerging themes

Table 17 shows how the themes from the thick descriptions were grouped into superordinate themes. These thick descriptions and corresponding themes for Jan are included in appendix I.

<b>Superordinate theme</b>	<b>Themes from thick descriptions</b>
Playing the djembe assists the client in accessing emotions	<ul style="list-style-type: none"> <li>• Client mentions that he feels relaxed when he plays the drum</li> <li>• Client mentions that playing the drum calms his nerves</li> <li>• Client chooses to play djembe as he explores feelings of frustration</li> <li>• Using the drum and the music, client says he was able to access difficult emotional place</li> </ul>
The client shares that he feels validated when he is with his friends	<ul style="list-style-type: none"> <li>• Client feels like he can be whoever he wants to be when he is with his friends</li> <li>• Client feels like he can run around when he is with his friends</li> <li>• Client feels like he can make jokes when he is with his friends</li> <li>• Client feels like he can do the things he wants to do when he is with his friends</li> </ul>
Embodied expression	<ul style="list-style-type: none"> <li>• Client's body is tense as he speaks about projective figure</li> <li>• Change in posture complimented by change in intensity in the music</li> <li>• Client responds to therapist's visual invitation to bigger movements by moving his body sideways while he plays</li> <li>• Client starts looking around the room as his music's intensity declines</li> <li>• Client's body movement supports musical content</li> </ul>

Superordinate theme	Themes from thick descriptions
<p>In music therapy, the client explores attributes of superhuman strength through imaginative play</p>	<ul style="list-style-type: none"> <li>• Client chooses shakers when imagining being a superhero</li> <li>• Client's imaginative superpower is super-strength</li> <li>• Quality of client's music is consistent, fast and driven in improvisation about being a superhero</li> <li>• Client imagines to be able to pick up buildings with his imaginative super-strength</li> <li>• Client imagines finding gold when he lifts up buildings with his super-strength</li> <li>• Through musical improvisation, client's exploration of feelings of frustration shifted to feeling like a superhero</li> </ul>
<p>In MT, client expresses his enjoyment being with animals through projective figure</p>	<ul style="list-style-type: none"> <li>• Client expresses aspects of himself through projective figure: playing with his beloved dog</li> <li>• Client expresses aspects of himself through projective figure: dog is licking client and he laughs</li> <li>• Client expresses aspects of himself through projective figure: client has fun playing outside with butterflies</li> </ul>
<p>In MT, client expresses the desire to be calm and relaxed through projective figure</p>	<ul style="list-style-type: none"> <li>• Projective figure is relaxed and taking his mind off everything</li> <li>• Through projective figure, client visualises himself running around carelessly</li> </ul>
<p>In MT, client accesses feelings of freedom through projective figure</p>	<ul style="list-style-type: none"> <li>• Through projective figure, client visualises himself feeling free</li> <li>• Client's projective figure listens to pop music</li> <li>• Client's projective figure listens to happy music</li> <li>• Through projective figure, client visualises himself having fun</li> </ul>

Superordinate theme	Themes from thick descriptions
<p>In MT, client constructs a “cool” identity through a projective figure</p>	<ul style="list-style-type: none"> <li>• Projective figure is cheered on by friends as he goes to score a goal</li> <li>• It’s projective figure’s time to get girls</li> <li>• Client constructs “cool” identity through projective figure: projective figure is cool wearing a leather jacket</li> <li>• Through projective figure, client tells of how his “cool side” likes to keep everything calm</li> <li>• Client uses projective figure to tell of how his “cool side” likes to get girls</li> <li>• Client uses projective figure to tell of how his “cool side” likes to be awesome</li> <li>• Client constructs an idealised identity of himself through projective figure: projective figure is “cool” going to town</li> </ul>
<p>The client shares on loss of dog in previous year as significant event</p>	<ul style="list-style-type: none"> <li>• Client expresses love for animals</li> <li>• Client’s expresses loss of beloved dog because they could not take care of him anymore</li> <li>• Client expresses loss of beloved dog</li> <li>• Client processes feelings of loss of dog by spending time with cat</li> <li>• Loss of beloved dog happened the year before</li> <li>• After client shares on loss of beloved dog, he tells of them now having a cat</li> </ul>
<p>The client shares about his efforts at self-regulation</p>	<ul style="list-style-type: none"> <li>• Client shares about his efforts at self-regulation: at times, client draws something to get his mind off things and get to another place</li> <li>• Client shares about his efforts at self-regulation: does anything that would help him relax when he is feeling sad and angry</li> <li>• Client shares about his efforts at self-regulation: tries to calm down when he is feeling sad and angry</li> <li>• Client shares about his efforts at self-regulation: listens to music when he is feeling sad and angry</li> </ul>

<b>Superordinate theme</b>	<b>Themes from thick descriptions</b>
The client explores and experiences shifts in emotions though musical improvisation	<ul style="list-style-type: none"> <li>• Through musical improvisation, client's exploration of feelings of frustration shifted to feeling relaxed</li> <li>• Client describes feeling very happy after emotional explorative improvisation</li> <li>• Quality of client's music is dry but weighted as he explores feelings of frustration</li> </ul>
The client shares about experiencing positive emotions when he is with family	<ul style="list-style-type: none"> <li>• Client feels happy when he is with family</li> <li>• Client feels loved when he is with family</li> </ul>
In music therapy, the client shares feelings about current family matters	<ul style="list-style-type: none"> <li>• In music therapy, client shares feelings about father remarrying</li> <li>• In music therapy, client shares feelings about gaining stepfamily</li> <li>• Client often thinking about father's new marriage</li> <li>• Client perceives sister to be having the time of her life with her friends at school</li> <li>• Client's brother is at home</li> <li>• Client's brother is jobless</li> </ul>
In music therapy, client expresses current state of emotional wellbeing	<ul style="list-style-type: none"> <li>• Client feeling free on day of session</li> <li>• Client choosing to play improvisational music rather than working on writing a song</li> <li>• Client claims to be doing okay</li> </ul>
Change in the client's musical and relational engagement after engaging sensitive family relational content	<ul style="list-style-type: none"> <li>• After speaking about his father remarrying, client perseverates in the music</li> <li>• After speaking about his father remarrying, client perseverates on one instrument and one rhythmic pattern</li> <li>• After speaking about his father remarrying, client does not acknowledge therapist's presence in music</li> <li>• Client shows no recognition of therapist's interventions to break his perseverative playing</li> </ul>

Superordinate theme	Themes from thick descriptions
The client abruptly withdraws from the therapy room after improvisation	<ul style="list-style-type: none"> <li>• Client requests to leave therapy space during break time</li> <li>• Client leaving therapy room abruptly leaves no space for reflection upon improvisation</li> </ul>
In music therapy session, client-therapist relationship offers client support	<ul style="list-style-type: none"> <li>• Client responds to MT's suggested shift in the music</li> <li>• Client looks at MT in expectation of next question</li> <li>• Client looks at therapist's hands in expectation of ending when he has finished playing</li> <li>• During improvisation of imagining to be a superhero, client makes eye contact and smiles at music therapist</li> <li>• Client resists vocal engagement in the music but responds with shifted rhythmic pattern</li> </ul>
The client utilises art in management of emotions	<ul style="list-style-type: none"> <li>• Client utilises art in management of emotions: draws to imagine going to other planets</li> <li>• Client utilises art in management of emotions: draws to imagine going to fields</li> <li>• Client utilises art in management of emotions: draws to imagine being a superhero</li> </ul>
The client's sister draws support from presence of teacher	<ul style="list-style-type: none"> <li>• Client's sister gains support from teacher: teacher was present at his mother's funeral</li> </ul>
The client and his sister draw support from family	<ul style="list-style-type: none"> <li>• Client draws support from extended family living in close proximity</li> <li>• Client's sister is supported by extended family members</li> <li>• Client's whole family support them</li> </ul>
The client shares on his concerns about his family	<ul style="list-style-type: none"> <li>• Client often thinking about how his sister is doing</li> <li>• Client often thinking about how his brother is doing</li> <li>• Client agrees that he takes a lot of responsibility upon himself</li> <li>• Client daily takes a lot of responsibility on himself</li> <li>• Client expressing how he tries to cope daily</li> </ul>

Superordinate theme	Themes from thick descriptions
Intern music therapist experiences countertransference	<ul style="list-style-type: none"> <li>• MT acts in motherly countertransference: psychoeducational role</li> <li>• MT acts in motherly countertransference: not allowing client to speak for himself</li> </ul>

*Table.17: Themes from thick descriptions gathered into superordinate themes*

From the superordinate themes set out in table 17, the following main themes from Jan's process were developed:

Main theme	Superordinate themes
Research question: <ul style="list-style-type: none"> <li>• What role can a music therapy process play when utilised as an intervention for children's bereavement after the loss of a parent?</li> </ul>	
Music therapy offers the client a safe space to articulate and explore matters and concerns about family	<ul style="list-style-type: none"> <li>• The client shares on his concerns about his family</li> <li>• The client explores and experiences shifts in emotions though musical improvisation</li> <li>• In music therapy, the client shares about current family matters</li> </ul>
Music therapy offers the client a safe space to explore and express aspects of personal welfare	<ul style="list-style-type: none"> <li>• In music therapy, client expresses current state of emotional wellbeing</li> <li>• In music therapy, the client explores attributes of strength through imaginative play</li> <li>• In MT, client constructs a "cool" identity through a projective figure</li> <li>• In MT, client accesses feelings of freedom through projective figure</li> <li>• In MT, client expresses the desire to be calm and relaxed through projective figure</li> <li>• In MT, client expresses his enjoyment being with animals through projective figure</li> <li>• In music therapy, the client explores attributes of superhuman strength through imaginative play</li> </ul>

Main theme	Superordinate themes
The client's resourcefulness is highlighted in music therapy sessions	<ul style="list-style-type: none"> <li>• The client and his sister draws support from family</li> <li>• The client's sister draws support from presence of teacher</li> <li>• The client feels validated when he is with his friends</li> <li>• The client experiences positive emotions when he is with family</li> <li>• In music therapy session, client-therapist relationship offers client support</li> </ul>
In MT, the client engages in accessing and managing his emotions	<ul style="list-style-type: none"> <li>• The client shares about his efforts at self-regulation</li> <li>• Playing the djembe assists the client in accessing emotions</li> <li>• The client utilises art in management of emotions</li> </ul>
Embodied expression observed in client's engagement with music and MTh	<ul style="list-style-type: none"> <li>• The client abruptly withdraws from the therapy room after improvisation</li> <li>• Embodied expression</li> </ul>
In MT, client shares on significant loss experienced	<ul style="list-style-type: none"> <li>• The client shares on loss of dog in previous year as significant event</li> </ul>
Themes relating to a reflexive awareness that was useful in the guiding of the therapeutic process	
Intern music therapist experiences countertransference	<ul style="list-style-type: none"> <li>• Intern music therapist experiences motherly countertransference</li> </ul>

*Table.18: Superordinate themes gathered into main themes*

This improvisation represents an overview of my experience of facilitating Fatima's music therapy process:

<https://www.dropbox.com/s/m9vz3ri1ffqbzn9/Fatima.aac?dl=0>

Jan and Fatima are siblings. A range of explorative interventions with strong therapeutic grounding highlighted the process of working with Fatima. Fatima was seven years old at the time of our process, and as with her brother Jan, she had lost her mother a few months prior. Her verbal engagement was with a soft voice, yet her inherent will was communicated powerfully. She would at times verbally express enjoyment but presented with limited embodied expression hereof, rarely smiling or displaying interest in the therapeutic space. Her father remarried midway through our process. The music therapy process offered Fatima an opportunity to express and work through the changes in family structure the wedding would bring. It specifically offered her the opportunity to formulate and make sense of the motherly role that her father's new wife would be fulfilling in the place of her deceased mother's role. Her music carried soft and delicate qualities, with predominant use of single notes that brought a fragmented element into her musical presentation. She also presented with perseverative qualities. She was referred for music therapy for periods of inattentiveness and chronic absenteeism, the former of which was expressed in these perseverative periods. Her display of absenteeism was of a lesser degree than her brother's but it was at a level of concern to her teacher.

After our final session, I reflected on her presentation with the following poem:

Head in the clouds

Free...

Stuck.

Free...

Stuck.

(consumed with the expectation of a new mommy, a happy daddy, a large family)

Your music

single stairways

climbed up

(head in the clouds)

and

down

(drowning in tears)

Stuck.

Free...

Strong is she.

---

#### 4.3.5.1. Notable excerpts from Fatima's process

Table 19 lists three excerpts I identified from Fatima's process on the basis of the criteria mentioned in 4.3.1.1 and with the assistance of supervision:

Excerpt	Session no	Description	Clip
1	1	Piano improvisation: establishment of client-therapist relationship through musical exchanges	15:51 – 20:57
2	2	Art intervention reflection which leads into goodbye song	23:44 – 30:24
3	3	Art reflection which leads into goodbye song	14:36 – 19:14

*Table 19 Notable excerpts from Fatima's process*

Themes developed from all the thick descriptions from Fatima's process are listed in Table 20. I then reviewed the total list of themes and developed superordinate themes by grouping related themes together. These thick descriptions and corresponding themes for the process with Fatima are included in appendix J.

#### 4.3.5.2. Identifying emerging themes

Superordinate theme	Themes from thick descriptions
Client displays positive responses to playful musical style	<ul style="list-style-type: none"> <li>• Playful musical style invites client to explore with greater range on instrument</li> <li>• Playful musical interaction gives way for development of client-therapist relationship</li> </ul>
Mutual contribution to establishment of a holding space	<ul style="list-style-type: none"> <li>• Without hesitation, client positions herself in close proximity to MTh creating an intimate musical and holding space</li> <li>• MTh provides holding through music while client explores on piano</li> <li>• Client engaging concretely with MTh's questions</li> </ul>

Superordinate theme	Themes from thick descriptions
In music therapy, client presents with autonomy	<ul style="list-style-type: none"> <li>• Client playing with autonomy</li> <li>• Client shows autonomy in playing last beat after song has finished</li> <li>• Client's autonomous ending is followed by eye contact with MTh</li> <li>• Client assured of picture she wants to give to her new mother</li> </ul>
Client displays embodied expression in music	<ul style="list-style-type: none"> <li>• Client's body movements change when metre in music changes</li> </ul>
In MT, client shares views on beliefs	<ul style="list-style-type: none"> <li>• Client assured that her deceased mother is with Allah</li> <li>• Client assured that mother is happy being with Allah</li> <li>• In music therapy, client shares beliefs about afterlife</li> <li>• Client makes eye contact when she speaks about her mother being happy with Allah</li> <li>• Client shares about going to mother's grave</li> </ul>
At times, client resists engagement from MTh	<ul style="list-style-type: none"> <li>• Client chooses to play answer on instrument rather than give verbal answer</li> <li>• Client resists joining MTh in singing</li> <li>• Client resisting eye contact by focussing on instruments</li> </ul>
In MT, client explores changes in family structure	<ul style="list-style-type: none"> <li>• When asking client which picture she would like to give to her mom, client suggests giving it to "her new mother", whom her father will be marrying</li> <li>• Client's picture of family first includes only direct family members</li> <li>• Changes picture of current, direct family to also include new step-family members</li> <li>• Client changes picture that represented herself into her new stepmother</li> </ul>

Superordinate theme	Themes from thick descriptions
<p>In MT, client explores emotions regarding her father's new marriage</p>	<ul style="list-style-type: none"> <li>• Client refers to father's upcoming wedding as "my mommy's wedding"</li> <li>• Client shares her excitement that she is excited about the wedding</li> <li>• Client shares on relationship with new step-family</li> <li>• Client shares feelings about her new stepmother</li> <li>• Client acknowledges father's new wife as becoming her real mommy</li> <li>• Client shares on practical arrangements about father remarrying</li> <li>• Client acknowledges father's new wife as her new mommy</li> <li>• Father's new wife will look after her like her mommy did (before she passed away)</li> <li>• After sharing information of family, client's music has march-like tempo and quality</li> </ul>
<p>In MT art intervention, the client expresses family relationships</p>	<ul style="list-style-type: none"> <li>• When asked to draw a picture of her family, client draws them at the beach</li> <li>• Client wants to give father a picture that looks nice</li> <li>• Client acknowledges herself in picture</li> </ul>
<p>In MT, client remembers information on her mother's death</p>	<ul style="list-style-type: none"> <li>• Mom told family not to miss her after she has died</li> <li>• Client not sure what reason for mother's death was</li> <li>• Client was not shocked when her mother died</li> <li>• Client shares how she still misses her mom that passed away</li> <li>• Mother said goodbye before she died</li> <li>• Client assured of mother's love for her</li> </ul>

Superordinate theme	Themes from thick descriptions
In music therapy session, client-therapist relationship offers client support	<ul style="list-style-type: none"> <li>• Client follows MTh’s suggestion for playing on black notes of piano</li> <li>• Client explores greater range on instrument when matched by MTh</li> <li>• Client allows her playing to be extended by MTh’s modelling</li> <li>• Client extends to playing with both hands when therapist joins</li> <li>• Client explores freely on instrument while MTh creates musical holding</li> <li>• MTh provides holding environment through the music after client has shared about family relations</li> <li>• After client has shared about missing her mother and feelings about getting a “new mom”, client and MTh shares intimate joint musical engagement</li> <li>• After a joint musical engagement, client makes eye contact for first time in session</li> </ul>
In MT, client explores with new instruments and song	<ul style="list-style-type: none"> <li>• Client playing with gentle quality when she explores new instrument</li> <li>• Client labels exploration on instrument as a song</li> </ul>

*Table 20 Themes from thick descriptions gathered into superordinate themes*

After developing the superordinate themes (set out in table 20), main themes were developed from Fatima’s process and these are listed in Table 21.

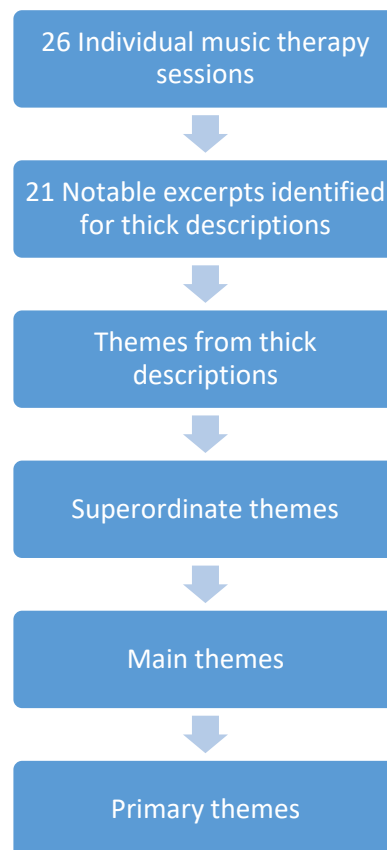
Main theme	Superordinate themes
Research question: <ul style="list-style-type: none"> <li>• What role can a music therapy process play when utilised as an intervention for children’s bereavement after the loss of a parent?</li> </ul>	
In music therapy sessions, client-therapist relationship offers client support	<ul style="list-style-type: none"> <li>• In music therapy session, client-therapist relationship offers client support</li> <li>• Mutual contribution to establishment of a holding space</li> <li>• Client displays positive responses to playful musical style</li> </ul>

Main theme	Superordinate themes
In MT, client shares views on beliefs and rituals	<ul style="list-style-type: none"> <li>• In MT, client shares views on beliefs</li> <li>• In MT, client explores changes in family structure</li> <li>• In MT, client remembers information on her mother's death</li> <li>• In MT, client explores emotions regarding her father's new marriage</li> <li>• In MT art intervention, the client expresses family relationships</li> </ul>
MT offers the client opportunity for independent expression	<ul style="list-style-type: none"> <li>• In music therapy, client presents with autonomy</li> <li>• In MT, client explores with new instruments and song</li> <li>• At times, client resists engagement from MTh</li> </ul>
Embodied expression	<ul style="list-style-type: none"> <li>• Client displays embodied expression in music</li> </ul>

*Table 21 Superordinate themes gathered into main themes*

#### 4.4 Combined main themes from the case studies

Themes from each participants' process were clustered into superordinate themes and then into a set of main themes. Main themes from all of the processes were then studied to find overlapping and similar themes. These were clustered together to form the list of primary themes. My process of working with the themes is illustrated in Figure 1:



*Figure 1: The process of working with the themes of the study*

The total number of main themes from across the five case studies were 31. However, after eliminating duplicates, the total of 25 main themes were clustered into six primary themes.

Primary themes	Main themes
<p>These MT processes offered clients access to supportive client-therapist relationships</p>	<ul style="list-style-type: none"> <li>• Client allows client-therapist relationship to be strengthened through music</li> <li>• In music therapy sessions, client-therapist relationship offers client support</li> <li>• The Client-therapist relationship supports the client</li> <li>• Through therapy process, client-therapist relationship is developing and being established</li> </ul>
<p>These MT processes offered clients a safe space for emotional expression</p>	<ul style="list-style-type: none"> <li>• In MT, client shares on significant loss experienced</li> <li>• Music therapy offers the client a safe space to explore and express aspects of personal welfare</li> <li>• Music supports the client when working through difficult content</li> <li>• Expression observed in client's engagement with music and MTh</li> <li>• Client displays expression through musical engagement</li> </ul>
<p>These MT processes offered clients a safe space to reflect on significant relationships and resourcefulness</p>	<ul style="list-style-type: none"> <li>• Music therapy offers the client a safe space to articulate and explore matters and concerns about family</li> <li>• Music therapy offers the client a safe space to articulate and explore significant relationships</li> <li>• In music therapy, the client recalls detailed information about her family</li> <li>• Music therapy offers the client a safe space to articulate and explore significant relationships</li> <li>• The client's relational resourcefulness is highlighted in music therapy sessions</li> </ul>
<p>These MT processes offered clients a space where they can express views on beliefs and rituals</p>	<ul style="list-style-type: none"> <li>• In MT, client shares views on beliefs and rituals</li> <li>• In MT, client expresses her views on relevant beliefs and rituals</li> </ul>

Primary themes	Main themes
These MT processes offered clients opportunities for assertive expression	<ul style="list-style-type: none"> <li>• In music therapy, client expresses specific preference</li> <li>• Client's assertiveness in musical engagements contrasts indecisiveness of verbal communication</li> <li>• In music therapy, client displays assertive execution of preferences</li> <li>• MT offers the client opportunity for independent expression</li> </ul>
In these MT processes, clients had opportunities to engage with their emotions	<ul style="list-style-type: none"> <li>• In MT, the client engages in accessing and managing his emotions</li> <li>• In MT, the client is offered the opportunity to engage with a range of emotions</li> </ul>

*Table 22 Primary themes of the study*

The themes relating to a reflexive awareness that were useful in the guiding of the therapeutic process related to countertransference across all case studies.

Intern music therapist at times experiences countertransference in sessions	<ul style="list-style-type: none"> <li>• Intern music therapist experiences countertransference</li> <li>• Music therapist overcompensates</li> </ul>
---	---

*Table 23 Themes from all studies relating to a reflexive awareness*

## 4.5 Conclusion

I gathered my experiences of working through these case studies within the following poem:

take me places I've never been before  
heal my hurts, my losses, my stories I chose to ignore  
so young, so beautiful, so delicate, so pure  
I'm braved by your stories  
oh, how little we have that is secure

## 5. Discussion

### 5.1 Introduction

In this chapter I will discuss the primary themes that emerged from the data analysis. These themes form the basis for the interpretation of the data. Supported by relevant literature, I will endeavour to address my research question: What role can a music therapy process play for children's bereavement after the loss of a parent?

### 5.2 List of primary themes

The list of primary themes, as displayed in table 24, are:

<b>Theme No</b>	<b>Primary theme</b>
1.	These MT processes offered clients access to supportive client-therapist relationships
2.	These MT processes offered clients a safe space for emotional expression
3.	These MT processes offered clients a safe space to reflect on significant relationships and resourcefulness
4.	These MT processes offered clients a space where they can express views on beliefs and rituals
5.	These MT processes offered clients opportunities for assertive expression
6.	In these MT processes, clients had opportunity to engage with their emotions
7.	Intern music therapist at times experiences countertransference in sessions

*Table 24: List of primary themes across all case studies*

Whilst listed as a separate theme, the last one (related to my own experiences of countertransference) is in fact intertwined with the others. For that reason I will not be discussing it separately, but will integrate reflection upon this topic within the discussion of the other themes.

Throughout this study, I valued the role of reflexivity. Reflexive processes, such as ongoing documentation of the process and poetry, helped me as student music therapist to identify countertransference in my work with my clients.

### 5.3 Discussion of themes

In this section I will be discussing the primary themes from this study. I include excerpts from the thick descriptions and supporting literature.

#### 5.3.1 Theme 1: A supportive client-therapist relationship

Access to a supportive relationship with me as music therapist emerged in the data related to each of the participants in this study. My intention as a training music therapist was to offer a supportive presence as a collaborator with them in their processes (Wiseman, 2017:469), while utilising music clinically. I value this theme as building a foundation upon which the other themes could become possible. Having a supportive and collaborative client-therapist relationship holds the potential for greater intimacy and interpersonal relatedness (Wiseman, 2017:469).

As mentioned, each client's goals were specifically formulated in accordance with how they presented during the assessment phase. Casper, Claudia, Unmüssig and Schramm (2005:91) suggested the term *complementary therapeutic relationships* when referring to the unique relationship that emerges between every client and therapist. Within these complementary therapeutic relationships, therapists and clients set goals that are accurate and realistic to every person's process. In this study my experiences of working with each client were vastly different. This is evident through the reflexive engagements that are included in this document. The role music therapy played for the participants was supportive in the sense that it was individually attuned to each one's needs.

In music therapy, the therapist can also support the client as he/she explores and expresses feelings or memories in music. The establishment of the client-therapist relationship appeared to serve as a resource and support to the children as they entered into a musical explorative space in the music therapy sessions. Explorative tools in therapy, such as musical improvisations and art processes, offered them the option to express themselves in various ways, as documented in primary themes 2, 3, and 4.

During Fatima's therapy process, for example, she had the opportunity to share her feelings about how she still missed her mother and thought about her often, while she also felt excited about her father getting married again. This excerpt documents her "goodbye song" from session two:

The MT is singing and changing chords slowly, matching Fatima's strumming:

*Good-bye Fatima*

*It was good to have you here*

*Good-bye Fatima*

*It was good to see you here*

*I'll see you again tomorrow (x2)*

The quality of the music is holding: the client is strumming slowly while the therapist sings a melody that matches this. A lullaby-like musical atmosphere is created. The comforting and holding qualities of the lullaby-style goodbye song play a soothing role after Fatima has just shared that she thinks about her mother often and how she is now getting a "new mom" when her father will get married.

My role as Fatima's music therapist in this moment was that of a holder for her emotions. I used the music to acknowledge her feelings, and supported her in the expression thereof. I was mindful of maternal countertransference in the moment, and carefully considered it in reflections after the session.

### 5.3.2 Theme 2: Emotional expression

The music therapy space offered clients an opportunity for emotional expression through verbal and musical content. Wardecker, Kaplow, Layne and Edelstein (2017:3495) found that caregiver-facilitated reminiscing can help to encourage children's expression of positive emotion, enhance social bonds, and promote meaning-making and optimism, thereby reducing psychological distress. In this study I found that I, who in essence served as an emotional caregiver in the therapeutic space, could also facilitate a similar role.

Jan would often use music and art to describe different emotions he experienced. In the following example he was telling me about different sides of himself, having drawn three pictures with the title: "This is me".

Music therapist asking client: “And (*pause*) where in this picture are you now? Today?” Her hand gestures to include the whole artwork. Pointing to the “feeling free”-figure, Jan answers with full assurance, not hesitating at all. “I am there, miss”. Music therapist replies by asking, “And when you are with your family?” Jan points to the figure with the dog licking him. “I feel I am there, feeling happy, miss, feeling loved.”

The following excerpt is an example of how Kari used the music therapy space to roleplay speaking to her deceased mother. In music therapy she found a safe environment to speak and sing about her emotions. In the following excerpt, Kari also uses the music as backing when she sings while I am supporting her with piano accompaniment. This excerpt is from session six and forms part of her song writing intervention in her process.

While accompanying the client with broken chords on the piano, the music therapist invites the client to sing about her emotions: “I am going to play a bit of music and you can sing to that whatever you feel.” The music is at a slow tempo, and the chord progression is in the minor. The music therapist provides musical structure and style of the client’s song. Kari holds the page up and reads from it as she sings:

*I am happy to be happy*

*Sometimes I feel sad*

*Because I miss my mommy*

There is increased motion in accompaniment; the broken chords alternate with non-legato chords. The quality of Kari’s singing is sweet and soft. She moves her body with the accompaniment.

### 5.3.3 Theme 3: Expression of views on beliefs and rituals

Walch (2003:6) stated that family belief systems organise family processes and approaches to crisis situations. Culture and religion are an integral part of life on the Cape Flats (Chidester, 2000:34). The influence of these cultures and religions suggest guidance for daily lives that are embedded in the participants’ societies. Conversations or themes in the lyrical content about the participants’ views on rituals and beliefs were never intended to be a topic of discussion in sessions. References to the topic were spontaneous, while in some conversations (as seen below in the excerpt) engagement with the topic was encouraged but

not forced. Wardecker, Kaplow, Layne and Edelstein (2017:3491) stated that conversations that encourage bereaved children to positively reminisce about the deceased parent hold psychological benefit. These conversations have been shown to assist in easing the pain of separation distress for bereaved children and to foster a sense of connection to the deceased.

As mentioned in Mimi's case study, her father died during the period of Ramadan, the Islamic holy month of fasting. This is an excerpt from a reflection on a drumming improvisation that led to a conversation about the presence of music in her daily life. The improvisation had vibrant rhythmic energy. It started out with a strong and assertive drive from Mimi and changed into a more dance-like style. The improvisation moved in and out of unison, until it unravelled and Mimi decided to stop playing. This then led to her sharing about her family's acknowledgement of her father's passing during this time.

- Music therapist (MTh): Do you ever sing, when you are alone maybe?
- Client: No.
- MTh: Do you sing at mosque?
- Client: No, only when it is, what do you call it, (pause) plays. But the whole madrasah sings.
- MTh: And you don't have to sing?
- Client: No, we do sing, everybody sings. But if you don't want to sing that one, you wait for the other song. But everybody does something.
- MTh: Oh, and do you enjoy that?
- Client: Nods
- MTh: Do you dress up?
- Client: No, you must just have certain colours on, like the boys wear white tops and the girls can have black on. And white fez on the boys, and black on the girls (makes gesture around face).
- MTh: Did you, during this time of Ramadan, did you think of your dad? Did you celebrate his life?
- Client: (nods) Sometimes, like on Eid, we went to his grave.

MTh: What do you do when you go to his grave?  
Client: We make to our o'Bracha.  
MTh: What is that?  
Client: I don't know what it is, but I just know you make the bracha.  
MTh: Is it like praying?  
Client: Ja, but not praying like normal.  
MTh: And how does it make you feel when you go to (pause) the grave?  
Client: Normal. It makes you feel normal.

In Fatima's process, she affirmed her assurance of her belief in an afterlife. As mentioned in chapter 2, the Islamic concept of an afterlife is understood as a spiritual journey that naturally follows life's journey through the world (Hedayat, 2006:1284). This is an excerpt from a conversation during Fatima's third session, where she expressed her concept of an afterlife:

Music therapist: *Do you know where she is, now that she died?*  
Client: *She's with Allah.*  
Music therapist: *And do you think that she is happy there?*  
Client: *[Nods in agreement. Makes eye contact.]*  
Music therapist: *Are you going to go there too?*  
Client: *Nods in agreement.*

Although the participants' various religious upbringings were not the same, four participants communicated an awareness and respect of the religious framework within which they were being raised. The brief process of the remaining participant, Thandi, did not lead to reflection on her family's beliefs.

#### 5.3.4 Theme 4: Assertive expression

In this study, music therapy offered the participants a space to express themselves assertively. Schiavio, Van der Schyff, Cespedes-Guevara and Reybrouck (2017:795)

suggested that autonomy and sense-making are deeply connected. I valued observing participants making autonomous decisions in the therapy sessions, which sometimes lead to moments of epiphanies and sense-making in terms of loss and trauma. The following excerpt is from Mimi's seventh session, where she presented with substantial assertiveness in her musical engagement:

Mimi leads the phrase to a close with a *ritardando* and *diminuendo*. The music therapist follows her. When Mimi realises that the therapist is following her, she starts a new phrase, playing forcefully. Her assertive musical presentation contrasted her presentation in verbal communication; the latter being much more resistive and indecisive. She would often reply to a statement or question with the phrase "I don't know", whether or not it would be a linguistically correct response to the type of question asked.

Thandi presented as quiet and withdrawn but in musical engagements, she led strongly. Music therapy offered her an opportunity to assertively communicate and lead in the music, while she battled to verbalise her feelings regarding the still current experience of her father's death. This excerpt shows her engagement, as well as my countertransference presenting through the music.

The music starts when the client plays a distinct beat of two crotchets, two quavers and then another crotchet. She soon starts changing the crotchets to quavers and the quavers to semi-quavers. The music now sounds like the improvisation on the mbira in session one, where the flow of the music was so continuous that it presented as a round. Throughout the improvisation Thandi plays with only one hand on the drum. She is sitting forward, resting her chin on her palm. She moves her other hand in a relaxed manner as she plays, playing every beat on a different place on the drum. Initiating an *accelerando*, she then starts experimenting with different rhythmic patterns. The music therapist matches these as they change, also introducing legato playing on the shaker, playing it continuously in the tempo. The musical encounter creates a holding space as the music therapist introduces these legato lines; suggesting maternal countertransference.

According to Tishby & Wiseman (2014:361), nuances of reflexivity fit with a modern relational view that defines countertransference as a combination of the therapist's own dynamics evoked by the client and the interaction between client and therapist (Mitchell, 1993). Whilst in the session, I became increasingly aware of my countertransference with

this client. Watching the video recording of our session confirmed this. I utilised reflexive free writing and poetry to work through these feelings and reactions.

Children express different degrees of assertiveness. Their socialisation within different culture groups relates to these levels of expression (Matsumoto, 1989:92) and this should be taken into account in music therapy. Here music therapy offered a means to the exploration of further assertive expression, whatever their degree of engagement was with this previously.

### 5.3.5 Theme 5: Engaging with emotions

As mentioned, Thandi entered the sessions with blunted affect, but significantly engaged her emotions in sessions. She noted how she did not like the loud sounds of the drum, but preferred instruments with a softer timbre, like the mbira. Although the timbre of her music remained gentle and tender, the quality of her music carried a strong presence with defined and purposeful engagement. A similar contrast was also present between her blunted affect and her strong presence in the music, as noted in this excerpt of thick description:

Thandi shows an almost immediate response to the new metre. She watches the music therapist's hands closely and tries to copy what she is doing. At times her gaze also moves to the music therapist's face. She displays blunted affect. Her presence in the music is strong. The music moves into an *accelerando* which becomes a drumroll. The dynamic level is moderate. The music therapist aims to match the client's playing; the client is potentially holding back because she does not like loud sounds.

During session six of Kari's process, while working on her song writing project, she acknowledged her emotions by naming the section of the song we were working on "Feelings". This excerpt from "Feelings" shows how she was able to name and differentiate between her emotions:

The client holds her page up and reads from it as she sings, "I am happy to be happy. Sometimes I feel sad because I miss my mommy."

Walsh (2003:11) noted how communication processes that foster collaborative problem-solving can bring clarity in crisis-situations, foster resilience and encourage emotional expression. Cultural norms regarding sharing information influence how much children are encouraged to express their emotions within a family or school structure (Walsh, 2003:12),

but the therapeutic space offers a supportive and protected space to do so. Song writing, improvisation and reflections on art processes are some of the mediums that music therapy offered the participants to facilitate communicative processes.

### 5.3.6 Theme 6: Reflection on significant relationships and resourcefulness

The last themes indicate how music therapy processes offered clients opportunities to identify significant relationships and resources in their lives. An example from Jan's process will be discussed. This also points to the possibility of post-traumatic growth. As noted, Wolchick, Coxe, Tein, Sandler and Ayers (2009:122) found that when children seek support from parents or guardians, or from other adults, it can be a significantly positive indicator of the potential for post traumatic growth. Seeking support include disclosing painful feelings and receiving validation of these feelings, seeking for their concerns about the death to be accepted, being supported in the process of "meaning-making" after the loss, and seeking guidance in the accessing of new post trauma schemes (Wolchick et al., 2009:122).

Clients noted family members, specifically, as a source of strength. Family cohesion can become fragmented because of a crisis, but if members are able to turn to one another as support, such fragmentation can be less likely (Walsh, 2003:11). According to Walsh (2003:11) the resilience that significant relationships offer is strengthened by mutual support and collaboration.

During her final session Kari had the opportunity to invite an imaginary audience for the performance of the song she had written during the process. She chose to invite several extended family members, as well as her teacher and two of her friends. This inclusion shows an acknowledgement of the significance relationships in her greater family.

Jan also identified the support of his extended family:

*Music therapist: Who else is there that supports your sister?*

*Client: There is my aunties, Miss, my uncles, cousins. Basically, my whole family supports us all.*

*Music therapist: Do you see them often?*

*Client: Yes, they almost live where we live.*

I was intentional to constantly assess my countertransference when discussing clients' relational resourcefulness. According to Hill and Knox (2009:15) a client's ability to communicate their personal needs in the relationship is fundamental to the development and change in the therapeutic relationship. I fostered the value of the therapeutic relationship in the space but worked to remind clients of their resourcefulness outside of the sessions. An example of this was to weekly communicate the amount of session left to manage the clients' expectation of the relationship and to keep a clear ethical boundary. Opportunities were created to affirm the support structures that were in place in the participants' lives. This potentially assisted them in gaining greater awareness of existing support. When the therapeutic processes came to an end, the clients were not left without an awareness of their significant relationships.

All of the participants in this study highlighted feeling stronger because of the support from specific teachers at the school. Two (Kari and Jan) noted that their teachers attended their parent's funeral, which made them feel supported. When asked about Fatima's teacher, Jan responded:

*Yes. She was at my mommy's funeral, so yes, she is a very good support to my sister.*

The three older participants (Jan, Thandi and Mimi) also highlighted the role that their friends played in supporting them on a daily basis. Jan noted "feeling free" when he was with his friends:

*When I am with my friends, Miss<sup>4</sup>, I feel like I can be whoever I want to be. I can run around, make jokes, do the things that I want to do, Miss.*

All of the participants stressed their appreciation for and reliance on the surviving parent, with Kari specifically focussing also on her grandmother. Welch (2003:6) found that resilience in the context of family is fostered by shared implemented beliefs that "increase the options for problem resolution, growth and healing". If a child has access to resources, especially resourceful relationships that encourage his/her resilience, it could help him/her make meaning out of the crisis situation (Welch, 2003:6). Music therapy offered participants in the study an opportunity to become aware of the resourceful relations that were already established in their lives.

---

<sup>4</sup> I did not instruct any participant to call me "Miss". I introduced myself by my first name, and encouraged them to use that when addressing me.

## 5.4 Conclusion

In this chapter I have aimed to illustrate the role that a music therapy process could play in children's bereavement processes after the loss of a parent. The main themes that emerged showed how a supportive client therapist relationship could encourage communication, exploration and expression within a safe environment. Although music therapy is ultimately focussed on the client's personal process, it also encourages children to draw ongoing support from already established resources in their lives. In the next chapter, I will make some concluding remarks, reflect on the limitations of this study and make recommendations for further research.

## 6. Conclusion

### 6.1 Introduction

In this final chapter of my dissertation, I will give a summary of the findings of the research study. I will also acknowledge the limitations that this project held, followed by recommendations for future research. By being involved in the study as both researcher and therapist, I reflect from a position with insight from both capacities.

### 6.2 Summary of findings

The results of this research study highlight how music therapy can be utilised to assist children in identifying internal and external resources that can support them during their processes of bereavement. The first six primary themes established that the music therapy processes offered the participants access to supportive client-therapist relationships, a safe space for emotional expression and reflection on significant relationships, opportunities for assertive expression, opportunities to engage with their emotions, and a space where they could express views on beliefs and rituals. The final primary theme highlighted my countertransference in sessions, and I reflected on the way I engaged with this during the processes and writing up of the data.

### 6.3 Limitations

Data for this research study was acquired through 26 individual music therapy sessions. The fact that only two of the five participants completed the full eight-session therapy programme is a limitation. Although the findings did show rich themes in all five of the processes, one could imagine that there could have been further opportunities for the development of more data had all participants been able to complete full processes. Data could only be collected during the first three terms of the year, and for this reason processes had to be ended at the end of the third term.

## 6.4 Recommendations

Recommendations for future research in this field would be to study longer periods of music therapeutic intervention. While it is important to study shorter-term processes in under-resourced contexts due the realities of what can be offered, it is also important to research what longer term therapy can offer children who are dealing with loss, acknowledging that this may require longer term support.

It could also be of value to, in the context of the population of this study, engage in processes with children who have lost a person other than a parent who had fulfilled the role of the primary caregiver, as many children in this context live with a primary caregiver who is not their parent. These include child-headed households, as well as families where grandparents care for the children.

## 6.5 Closing comments

This study showed how music therapy can be supportive for bereaving children. Conducting this research was a process I valued greatly in terms of my own personal growth and my growth as a music therapist. This study also highlights the value of supporting bereaving children through music therapy. I hope that the findings of this study can contribute to the growing knowledge in this field, which would in lead to increased effective support of bereaving children.

## Reference list

- Aldridge, D. 2005. A story told from practice: The reflective inquirer in an ecology of ideas. *Case study designs in music therapy*. pp.9-30. London: Jessica Kingsley.
- Ansdell, G. & Pavlicevic, M. 2001. *Beginning research in the arts therapies: a practical guide*. London: Jessica Kingsley.
- Auman, M.J. 2007. Bereavement Support for Children. *The Journal of School Nursing*; 2007(23).
- Ayyash-Abdo, H., 2001. Childhood bereavement: What school psychologists need to know. *School Psychology International*, 22(4), pp.417-433.
- Baker, L. 2006. Observation: a complex research method. *Library trends*, 55(1), pp.171-189.
- Baker, F. & Wigram, T. (eds.) 2005. *Songwriting: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. Philadelphia: Jessica Kingsley Publishers.
- Baker, J., Sedney, M., & Gross, E. 1992. Psychological tasks for bereaved children. *American Journal of Orthopsychiatry*, 62(1), 105–116.
- Baxter, P. and Jack, S. 2008. Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *The Qualitative Report* 13(4), pp. 544–559.
- Bruscia, K.E. 2005. Standards of integrity for qualitative music therapy research. *Journal of Music Therapy*. 5(3). doi:10.1093/jmt/35.3.176
- Busch, T. & Kimble, C.S. 2001. Grieving children: Are we meeting the challenge? *Paediatric Nursing*, 27(4), pp.414-8. Retrieved from <https://search.proquest.com/openview/d6fc6a34093a74b153871a15399596dd/1?pqorigsite=gscholar&cbl=47659>
- Cerniglia, L., Cimino, S., Ballarotto, G. and Monniello, G. 2014. Parental loss during childhood and outcomes on adolescents' psychological profiles: a longitudinal study. *Curr Psychol*, 33, pp.545–556. doi:10.1007/s12144-014-9228-3
- Cherry, M.J. 2006. How should Christians make judgments at the edge of life and death? *Christian bioethics*, 12(1), pp.1-10
- Crabtree, B.F. & Miller, W.L. 1999. *Doing Qualitative Research*. SAGE Publications.

Davis, Dena S. 1991. *Rich Cases: The Ethics of Thick Description*. The Hastings Center Report; 21(4); Social Science Premium Collection. doi: [10.2190/P77L-F6F6-5W06-NHBX](https://doi.org/10.2190/P77L-F6F6-5W06-NHBX)

Derrington, P. 2005. Teenagers and songwriting: supporting students in a mainstream secondary school. In: F.Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical adaptations for music therapy clinicians, educators and students*, pp.68-81. London: Jessica Kingsley.

Dos Santos, A.J. & Lotter, C. 2017. Awakening Musical Facilitators: An Innovative Creative Arts Training Programme for Community Health Workers and Community Health Volunteers, *Muziki*, 14(2), 16-35, doi: 10.1080/18125980.2017.1385412

Elion, B. & Strieman, M. 2001. *Clued up on culture: a practical guide for all South Africans*. Cape Town: Juta Gariep Publishing.

Felsenstein, R. 2012. From uprooting to replanting: on post-trauma group music therapy for pre-school children. *Nordic Journal of Music Therapy*. 2012; 1–17, <http://dx.doi.org/10.1080/08098131.2012.667824>

Finlay, L. 2008. A dance between the reduction and reflexivity: Explicating the “phenomenological psychological attitude”. *Journal of phenomenological psychology*, 39(1), p.1-10.

Finlay, L. 2011. *Phenomenology for therapists: Researching the lived world*. West Sussex: Wiley- Blackwell.

Finlay, L. 2014. ‘Qualitative Research in Psychology Engaging Phenomenological Analysis’, pp. 37–41. doi: 10.1080/14780887.2013.807899.

Finlay, L. 2012. “ Writing the Pain ”: Engaging First-Person Phenomenological Accounts’, pp. 1–9. doi: 10.2989/IPJP.2012.12.2.5.1113.

Foire, J. 2016. Analysis of Lyrics from Group Songwriting with Bereaved Children and Adolescents. *Journal of Music Therapy*, 53(3), 207–231. doi:10.1093/jmt/thw005

Ginsberg, H.P. 1997. *Entering the child’s mind: the clinical interview in psychological research and practice*. Cambridge University Press. USA.

Goldman, R., Erikson, F., Lemke, J., Derry, S.J. 2007. Selection in video, in: Guidelines for video research in education: Recommendations from an expert panel. S.J. Derry (ed.). University of Chicago. Retrieved from: <http://drdc.uchicago.edu/what/video-research-guidelines.pdf>.

Grocke, D. 2016. Receptive music therapy, in: *The Oxford handbook of music therapy*. Edwards, J. (ed.) Oxford University Press.

Grocke, D. & Wigram, T. 2007. *Receptive methods in Music Therapy: techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers. London.

Hart, N. & Crawford-Wright, A. 1999. Research as therapy and therapy as research: ethical dilemmas in new-paradigm research. *British Journal of Guidance and Counselling*, 27(2), pp.205-214.

Heath, M.A., Leavy, D., Hansen, K., Ryan, K., Lawrence, L. & Sonntag, A.G. 2008. Coping With Grief: Guidelines and Resources for Assisting Children. *Intervention in School and Clinic*; 43(5), pp.259-269. Retrieved from <https://search-proquestcom.uplib.idm.oclc.org/docview/211731599?OpenUrlRefId=info:xri/sid:wcdiscovery&accountid=14717>

Hedayat, M. 2006. When the Spirit leaves: childhood death, grieving and bereavement in Islam. *Journal of Palliative Medicine*, 9(6), 1282-1291.

Hilliard, R.E. 2001. The effects of music therapy-based bereavement groups on mood and behaviour on mood and behaviour of grieving children: a pilot study. *Journal of Music Therapy*, 38 (4), 291-306. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11796079>

Hilliard, R.E. 2007. The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviour. *Journal of Music Therapy*, 2007(44), 123-138. doi: 10.1093/jmt/44.2.123

Kaplow, J.B., Layne, C.M., Pynoos, R.S., Cohen, J.A. & Lieberman, J. 2012. DSM-V. Diagnostic Criteria for Bereavement-Related Disorders in Children and Adolescents: Developmental Considerations. *Psychiatry*, 75(3), 243-66. doi:10.1521/psyc.2012.75.3.243.

Kaufman, K.R. & Kaufman, N.D. 2005. Childhood mourning: prospective case analysis of multiple losses. *Journal for Death Studies*, 29:237-349.

Kelly, K. 2006. Lived experience and interpretation: the balancing act in qualitative research, in: Terre Blanche, M., Durrheim, K. & Painter, D. *Research in practice: applied methods for the social science*. pp.345-369.

Kirwin, K.M. & Hamrin, V. 2005. Decreasing the Risk of Complicated Bereavement and Future Psychiatric Disorders in Children. *Journal of Child and Adolescent Psychiatric Nursing*; 18(2); pp.62-78.

- Larken, Watts & Clifton. 2006. Giving voice and making sense in Interpretative Phenomenological Analysis. *Qualitative research in psychology*, 3(2), pp.102-120. doi: 10.1191/1478088706qp062oa
- Le Count, D. 2000. Working with 'difficult' children from the inside out: loss and bereavement and how the creative arts can help. *Pastoral care in education*, 18(2), pp.17-27. doi: 10.1111/1468-0122.00157
- Lee, J. & McFerran, K.S. 2015. Applying interpretative phenomenological analysis to video data in music therapy. *Qualitative Research in Psychology*, 12(4), pp.367-381.
- Lincoln, Y & Guba, E. 1985. Establishing Trustworthiness. In *Naturalistic Inquiry*, 289-309. California: Sage.
- Mahon, M.M. 2009. Funeral directors and bereaved children: beliefs and experiences. *Death Studies*, 33, 828-847. doi: 10.1080/07481180903142464
- Mallon, B. 2010. *Working with bereaved children and young people*. UK: SAGE Publications.
- Matsumoto, D. 1989. Cultural influences on the perception of emotions. *Journal of Cross-Cultural Psychology*, 20(1), 92-105. <https://doi.org/10.1177/0022022189201006>
- Matthews, B. & Ross, L. 2010. Sampling, in: *Research methods: A practical guide for the social sciences*. Harlow: Pearson Education Limited.
- McFerran, K., Roberts, M. & O'Grady, L. 2010. Music therapy with bereaved teenagers: A mixed methods perspective. *Death Studies*, 34(6), pp.541-565.
- Mdleleni-Bookholane, T. N., Schoeman, W. J. & Van der Merwe, I. 2004. The Development in the Understanding of the Concept of Death among Black South African Learners from the Eastern Cape, South Africa. *Health SA: interdisciplinary research journal*, 9(4), pp. 3-14.
- Meyerson, D. A., Grant, K. E., Carter, J. S. & Kilmer, R. P. 2011. Posttraumatic Growth among Children and Adolescents: A Systematic Review. *Clinical Psychology Review*, 31(6), pp. 949-964. doi: 10.1016/j.cpr.2011.06.003.
- Moss, J. 2012. *Writing in bereavement: A creative handbook*. Jessica Kingsley Publishers.
- Ngoepe, K. 2016. 'After tears' and mourning in the 21<sup>st</sup> century. *News 24*, 4 April. Retrieved from: <https://www.news24.com/SouthAfrica/News/after-tears-and-mourning-in-the-21st-century-20160412>.

Noor, Khairul Baharein Mohd. 2008. Case Study: A Strategic Research Methodology. *American Journal of Applied Sciences*, 5(11). pp.1602-1604.

O'Leary, C. 2007. Book review: Receptive methods in Music Therapy Techniques and clinical applications for Music Therapy clinicians, Educators and students – Wigram & Grocke. *British Journal of Music Therapy*, 21(1). P.31-33.

Oltjenbruns, K. A. 1991. Positive outcomes of adolescent experience with grief. *Journal of Adolescent Research*, 6, pp.43-53.

Piaget, J. 1964. Part I: Cognitive development in children: Piaget development and learning. *J. Res. Sci. Teach.*, 2: 176–186. doi: 10.1002/tea.3660020306

Ponterotto, J.G. 2006. Brief Note on the Origins, Evolution, and Meaning of the Qualitative Research Concept Thick Description. *The Qualitative Report*, 11(3), 538-549. Retrieved from <https://nsuworks.nova.edu/tqr/vol11/iss3/6>

Ritchie, J. and Lewis, J. (eds). 2003. *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, London: Sage.

Roberts, M. 2006. 'I Want to Play and Sing My Story': Home-based Songwriting for Bereaved Children and Adolescents. *Australian Journal of Music Therapy*, 17, pp.18-34.

Roberts, M. 2006. *Transitions from Clinical Experiences to Clinical Questions and then Research: Songwriting with Bereaved Pre-adolescent Children*. *Voices*, 6(3):1-10. DOI: 10.15845/voices.v6i3.280

Rochat, T. J., Mitchell, J., Lubbe, A. M., Stein, A., Tomlinson, M. & Bland, R. M. 2017. Communication About HIV and Death: Maternal Reports of Primary School-Aged Children's Questions After Maternal HIV Disclosure in Rural South Africa. *Social Science & Medicine*, 172, pp. 124–134. doi: 10.1016/j.socscimed.2016.10.031.

Rosner, R., Kruse, J. & Hagl, M. 2010. A meta-analysis of interventions for bereaved children and adolescents. *Death Studies*, 34(2), 99–136. doi: 10.1080/07481180903492422

Saldinger, A., Porterfield, K. & Cain, A.C. 2012. Meeting the Needs of Parentally Bereaved Children: A Framework for Child-Centered Parenting. *Psychiatry* 67(4); Social Science Premium Collection, p. 331.

Schultz, K. 1999. Bereaved children. *Canadian Family Physician*, 45, pp.2914-2921.

Shields, N., Nadasen, K. and Pierce, L., 2008. The effects of community violence on children in Cape Town, South Africa. *Child Abuse & Neglect*, 32(5), pp.589-601.

Shields, N., Nadasen, K. and Pierce, L., 2009. A comparison of the effects of witnessing community violence and direct victimization among children in Cape Town, South Africa. *Journal of Interpersonal Violence*, 24(7), pp.1192-1208.

Silverman, P.R. & Worden, J.W. 1992. Children's reactions in the early months after the death of a parent. *American Journal of Orthopsychiatry*, 62(1), pp.93-104.

Skewes, K. 2001. *The experience of group music therapy for six bereaved adolescents* (Doctoral dissertation). University of Melbourne.

Smith, J. & Osborn, M. 2003. Interpretive phenomenological analysis. In J. Smith (Ed.). *Qualitative Psychology: A practical guide to research methods*. 68-82. London: Sage Publishers.

Steen, K. 1998. A comprehensive approach to bereavement. *The Nurse Practitioner*, 23(3), pp.54–68.

Taborsky, M. 2010. Sample size in the study of behaviour. *International journal of behavior in biology*, 116(2010), 185-202. doi: 10.1111/j.1439-0310.2010.01751

Tedeschi, R.G. & Calhoun, L.G. 2004. Posttraumatic growth: conceptual foundations and empirical evidence. *Psychological enquiry*, 15(1), pp.1-18.

Terre Blanche, M. & Durrheim, K. 2006. Histories of the present: social science research in context, pp.1-17. In: Terre Blanche, M., Durrheim, K. & Painter, D. *Research in practice: applied methods for the social science*. Juta and Company. UCT Press. Cape Town.

Terre Blanche, M., Kelly, K. & Durrheim, K. 2006. *Why qualitative research*. pp.271-284. In: Terre Blanche, M., Durrheim, K. & Painter, D. *Research in practice: applied methods for the social science*. Juta and Company. UCT Press. Cape Town.

Wassenaar, D.R. 2006. Ethical issues in social science research, in *Research in Practice*. Juta and Company. UCT Press. Cape Town.

Webb, N.B. 2003. Play and Expressive Therapies to Help Bereaved Children: Individual, Family, and Group Treatment. *Smith College Studies in Social Work*, 73(3), pp.405–422.

Retrieved from <https://search-proquestcom.uplib.idm.oclc.org/docview/216186859?OpenUrlRefId=info:xri/sid:wcdiscovery&accountid=14717>

Webb, N.B. 2010. *Helping bereaved children: a handbook for practitioners*. 3rd ed. New York: Guilford Press (Social work practice with children and families).

Wilkinson, S. 2001. How best to support bereaved children. *International Journal of Palliative Nursing*, 7(8). doi: [10.12968/ijpn.2001.7.8.9006](https://doi.org/10.12968/ijpn.2001.7.8.9006)

Wolchick, S. A., Coxe, S., Tein, J. Y., Sandler, I. N. & Ayers, T. S. 2009. Six-Year Longitudinal Predictors of Posttraumatic Growth in Parentally Bereaved Adolescents and Young Adults. *OMEGA - Journal of Death and Dying*, 58(2), pp. 107–128. doi: 10.2190/OM.58.2.b.

Wolfelt, A. 1991. Towards understanding of complicated grief. *American Journal of Hospice and Palliative Medicine*, 8(2), pp.28-30. doi: 10.1177/104990919100800215

Worden, J.W. & Silverman, P.R. 1992. Children's reactions in the early months after loss. American Journal of Orthopsychiatry. Developmental Considerations. *Psychiatry*, 75(3), 243-66. doi:10.1521/psyc.2012.75.3.243.

Worden, J.W. & Silverman, P.R. 1996. Parental Death and the Adjustment of School- Age Children. *Journal of Death and Dying*, 33(2), pp.91-102. doi: 10.2190/P77L-F6F6-5W06-NHBX

Yin, R.K. 2003. *Case study research: design and methods*. Sage Publications Inc. USA.

Zainal, Z. 2007. Case study as a research method. *Jurnal Kenamusiaan*, 9(June). P.1-6

## Appendices

### A. Participant information and consent letters

## Appendix A: Letter of information



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Music

2018

### Letter of information

Dear Participant (provide detail here, Sir/Madam, parent, student, learner, etc.)

My name is Ronelle Hauptfleisch. I am a student at the University of Pretoria and I am currently enrolled for a master's degree in Music Therapy.

**Research topic:** The study is entitled *Music Therapy for children who have experienced the loss of a parent: a multiple case study*.

**Rationale/Aims of the study:** The study aims to phenomenologically explore children's experience of a series of music therapy session while they are in the process of bereavement of a parent's death. I would like to explore the children's response to a series of individual therapy sessions, using creative music therapy.

**What will be expected of your child?** Your child's participation will involve participating in eight music therapy sessions and a semi-structured interview. These sessions will take approximately 30 minutes of his/her time twice a week for four weeks. The sessions will be video-recorded. The information will be treated with strict anonymity/confidentiality.

**Approval:** The study will only begin after ethical approval by the Research Ethics Committee of the Faculty of Humanities, University of Pretoria, has been obtained.

**Risks and benefits:** Participation in the study is completely voluntary and you are free to withdraw at any time. There are no risks or direct benefits in participating in this project. If you decide to withdraw there will be no negative consequences to you,

nor will you need to explain your reason. You are encouraged to ask any questions you might have about the study.

**Who will have access to the results of the study?** The research will be conducted by myself as principle researcher, and my supervisor. It will be used for academic purposes only. The data will be archived at the department of music for a minimum of 15 years. If any other researchers would like to use this data during this time they may only do so with your consent.

Please feel free to contact me or my supervisor if you require more information about the study.

Kinds regards

(Signature of student)

(Signature of supervisor)

Ronelle Hauptfiesch

(Name of supervisor)

email: ronellehaup@gmail.com

email:

Tel.: 072 997 5588

**Appendix B: Letter of informed consent**

FACULTY OF HUMANITIES  
DEPARTMENT of MUSIC



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Music Therapy Unit

Tel: 012 420 5372

musictherapy2@up.ac.za

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

Date: .....

**MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD**

I give permission for-----to receive music therapy sessions with Ronelle Hauptfleisch enrolled in the Masters of Music Therapy Degree Programme of the University of Pretoria from\_\_\_\_\_ to \_\_\_\_20\_\_. I understand that \_\_\_\_\_has the personal choice to attend music therapy sessions and may withdraw at any stage.

I also grant permission for sessions to be recorded onto video and/or tape. I understand that these recordings will be used for clinical, research and educational purposes as part of the students' music therapy training. I understand that visual and audio recordings of sessions are standard music therapy practice, enabling detailed analysis of the sessions in order to gain clinical direction to ongoing sessions. Privacy and confidentiality are assured, in line with professional ethical practice. At the end of the student's training, this video material will form part of the research archives and will become the property of the Music Department, University of Pretoria. This material will not be distributed or sold. I understand that I can arrange to view / listen to the recordings should I so wish.

\_\_\_\_\_ Name and signature: Please also state relationship to client: (relative, guardian, care-worker)

\_\_\_\_\_ Placement/Institution name:

\_\_\_\_\_ Placement/Institution Representative:  
(Full Name and signature)

\_\_\_\_\_ MMus (MT) Student (Full name and student number)

\_\_\_\_\_ MMus(MT) Student Signature

\_\_\_\_\_ (Name of supervisor) MMUS (Music Therapy) Training  
Programme

**Appendix C: Letter of assent for children under 18 years of age.**



**UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA**

Faculty of Humanities

Department of Music

Hello, my name is Ronelle and I am working on a project to do music therapy with children who have lost one of their parents. I want to ask whether you will work with me. If you say yes, this is what we will do:

We will have **music therapy** sessions in Room 5 twice a week for four weeks.

During these sessions we will make music together, sing songs, do art and also sometimes talk about how you are feeling. You don't need to know anything about music – I will show you all the instruments and explain everything as we go along.






I will video record us in the sessions. You can ask me to stop the video recording at any time.

If you want to stop a session that we are busy with, or even being part of this project at any time, please tell me or your class teacher.

Below are a few questions to make sure I have made the information clear:

**CHILD ASSENT FORM**

	<p>DO YOU UNDERSTAND EVERYTHING I EXPLAINED TO YOU?</p> <p>YES NO</p>
---	---

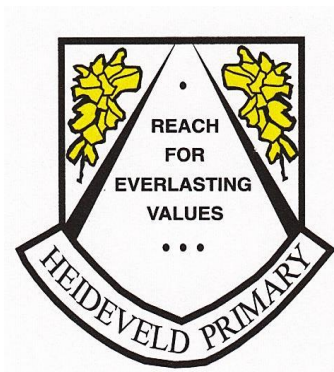
	<p>DO YOU UNDERSTAND THAT IT IS YOUR CHOICE TO HELP ME?</p> <p>YES    NO</p>
	<p>DO YOU UNDERSTAND THAT YOU CAN STOP ANYTIME YOU WANT TO?</p> <p>YES    NO</p>
	<p>DO YOU UNDERSTAND THAT I WILL BE USING A VIDEO RECORDING DEVICE?</p> <p>YES    NO</p>
	<p>DO YOU HAVE ANY QUESTIONS?</p> <p>YES    NO</p>
	<p>ARE YOU HAPPY TO HELP ME?</p> <p>YES    NO</p>

**I understand this letter and I want to be part of the music therapy research project.**

**My name and surname:** \_\_\_\_\_

**My signature:** \_\_\_\_\_

B. Consent letter from Heideveld Primary School



# HEIDEVELD

PRIMARY SCHOOL

---

**Principal: Mr M.R. Desai**

Waihoek Road  
Heideveld  
7764

Tel: 021 637 4960  
Fax: 021 637 4961  
heideveldprimary@gmail.com

**RE: Consent to do research at the above-mentioned school**

**To whom it may concern**

**Please be informed that Ms Hauptfleisch has been granted permission to conduct her research at Heideveld Primary School.**

**Yours Faithfully**

**Mr M.R Desai**

**Principal**

## C. Consent letter from the Western Cape Education Department

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

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

**REFERENCE:** 20171024–6127

**ENQUIRIES:** Dr A T Wyngaard

Mrs Ronelle Hauptfleisch  
11B Protea Way  
Durbanville  
7550

**Dear Mrs Ronelle Hauptfleisch**

### **RESEARCH PROPOSAL: MUSIC THERAPY FOR CHILDREN WHO HAVE EXPERIENCED THE LOSS OF A PARENT: A MULTIPLE CASE STUDY**

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

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **01 February 2018 till 22 June 2018**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

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

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

**Directorate: Research**

**DATE: 25 October 2017**

D. Thick descriptions of video excerpts: Kari

a. Video Excerpt 1: Session 1: Reflection on art intervention: Resourcefulness

	Verbal and non-verbal	Musical content	Notes	Themes
	<p>Noise in background from prizegiving happening in hall at times overshadows our conversation and the prerecorded music. No other suitable room in school building available for therapy.</p>			Allocated therapy room susceptible to noise in school hall
R	Every one of these balloons symbolise something that makes you special. Inside of these balloons we are going to write something that makes (Kari) special and makes you strong.	pre-recorded piano instrumental music: andante with legato lines		
R	This is your school balloon. What are the things that make you special? You said <sup>5</sup> you are <b>nice</b> ( <i>writes it on balloon</i> ), and you <b>listen</b> . What else would you say are the things like about you or makes you a strong person?		Therapist guiding and leading the beginning of the intervention.	Feels special because of positive personal attributes
K	My friends like me because I <b>share</b> with them.		Feels liked because she shares	
R	You <b>share</b> . And at home? What are the things that make Kari Kari and make Kari strong at home?			

<sup>5</sup> Data retrieved from participant earlier (recording 11:50 – 12:20) in the session.

K	<b>My 'ma.</b>			Gains strength from the presence of her grandmother <sup>6</sup>
R	How would we spell it? Like this? (writes and points)			
K	<i>Shrugs.</i>		Visible uncomfortability in therapist as she is unable to understand whether client is referring to her deceased mother or grandmother.	
R	Are you talking about your mother?		Overcompensating with a nervous giggle.	
K	<i>Nods and smiles.</i>			
R	"Mom". Like that?			
K	<i>Nods and smiles.</i>			
R	What else makes you strong?			
K	The TV.			Gains strength from having a TV.
R	How about help? Do you help around the house? Or not so much?			
K	<i>Shakes head. (no)</i>			
R	Okay. And your aunt? Does she help you? Is she there for you?			
K	Yes. And my cousins.		Client answering	Gains strength from presence of family members
R	And do you have a dog or a pet?		More guiding of the process.	

<sup>6</sup> Refers to grandmother as " 'ma "; mother referred to as "mommy".

K The neighbours have a dog that I play with a lot.

R So he's like your own, right? Does the dog have a name?

K Shasha

R *Points to balloons:* So this is the school one; this is the house one.  
*(Writes 'school' and 'house' on respective balloons)*

K What is this balloon? *(points to remaining balloon on picture)*

R What do you think?

R This one can be...(long pause). Maybe you can just tell me about anything that makes you strong.

K My family. And you.

R Me? Great.

Pleasure with animals

Therapist's countertransference here marked by being excessively sweet and lovable.

Client perceives therapist as source of strength even though it is only the first session.

Therapist's reaction ("great") does not allow for further exploration of client's comment; also inappropriate affirmation of client's comment.

Therapist experiences motherly countertransference in being excessively lovable and sweet to client

Strength through presence of family members;

Perceives therapist as a source of strength rapidly;

Therapist responds with closed comment, not allowing further exploration of comment.

How about your teacher?

K Yes.

K *Colours in picture. Music continues in background.*

R What do you think is she looking at?

K The sun.

R She is looking at the sun, is it?

And which colour is your favourite colour?

K Gold and red.

R Is this you?

K Yes.

R What are you thinking while you are looking at the sun?

K I'm thinking it is my mommy.

R What do you think your mommy is saying when she looks down on you?

K Are you happy?

R And what will you say to her? Are you happy?

K Yes.

R If you could tell her about something special that you wish that she knew, what would it be? It can be anything, it doesn't have to be a story.

Gains strength from teacher

Imagines the sun to be her mother.

Envisages mom to be concerned with her happiness.

States that she is happy.

K	I wish you were here on your birthday.			Misses mom on special occasions
R	When is your mom's birthday?			
K	September... <sup>7</sup>			
E	So on a special day like your mom's birthday, you can still always draw her a picture or make her a card. And then, you could still write in the card that you miss her and all the things that you want to tell her. It is good to remember the people that we love even though they can't be here on their birthdays.			
K	<i>smiles and nods</i>			

---

<sup>7</sup> general identifying content omitted – participant's birthday

b. Video excerpt 2: Session 2: Exploring emotions

	Verbal and non-verbal	Musical content	Notes	Theme
R	How does the thunder make you feel?	Both therapist and client is actively participating and playing.	Playful musical interpretations of weather – naming and playing like emotions they elicit;	Scared for thunder; Mutual awareness in musical engagement; Disengagement between emotional expression and musical content
K	Scared	Kari playing bells on each beat therapist strums; quality of playing is rhythmical, matching therapist's strumming	Client smiling while saying this: disconnect between verbal and musical contents	
R	so scared, so scared	Therapist plays ascending progression of major 7ths on guitar that carries suspension/tension	Echoing client's for validation of her contribution	
R	I feel scared when the thunder comes	Lyrical melodic line brings resolution of suspension		
	<i>Kari picks up mbira</i>			
R	<i>Whispers: what kind of weather is that? (Points at mbira)</i>	K playing mbira with one finger; detached notes. Therapist changes guitar playing to plucking, matching	Client and therapist not in synchronicity: therapist fails to match client's tempo	

K	shrugs, then answers: "It's windy.	mbira's style		
R	It's windy, shhhhh, shhhh, It's a windy day, it's a windy day And this is how the wind makes me feel...	Therapist plays plucked guitar strings that matches quality and style of K's playing of mbira.	Client looks up and smiles when she hears therapist echoing her answer back.	Client feels validated by therapist's acknowledgment of her answers
K	Cold. I want to sleep.			
R	I want to sleep, oh lets go home, lets go sleep		Echoing K's contributions supports stability and validates her contributions.	Therapist uses music to support validation of client contributions
K	Picks up Frog: starts playing in a fast tempo	K briefly explores with castanet; soon puts it down again.		
R	(strumming) There is a frog What is his name?	Accelerando to match K's playing K picks up wooden guiro and starts playing soft, fast ongoing glissandi. Speaks while she plays.		Client uses musical instrument to project sensitive relational content
K	Sqwatch.			
R	(Verbal imitation of guiro's sound): khweeah, khweeah Oh you with the frog-language, what are you saying to us today?	New musical phrase: fast tempo; quality of music definite, urgent, marcato.		
K	I'm happy		<i>(holds guiro close to ear, as if</i>	Client describes Frog

R	He's happy, he's happy, oh yeah, yeah, yeah...	K's playing and strumming matches; K plays for full phrase that therapist sings and strums, before next question starts and she stops and listens.	<i>listening)</i> Encouraging exploration of more emotions using a projection figure	as happy Client and therapist playing together supporting shared content.
R	But then there came a ugly frog And he made our Froggie sad Why is he mad?	Quality of music changes: slower, darker qualities created by vermata on dominant, legato lines. K's playing changes to slower 'scrapes'; plays four regular crotchet beats on djembe. Guitar matches djembe beats with heavy strumming and emphasis on bass strings.	Therapist suggesting exploration of client's willingness to access contrasting emotions to being "happy".	Client's music changes as she explores different emotion;  Expressive variety of client's playing shows how MT allows her to explore a variety of moods.
K	because the other frog doesn't want to play with him, and the other frog is mad at him.	Spoken voice		Explores relational tensions projectively
R	<i>Echoing:</i> The other frog doesn't want to play with him, and the other frog is mad at him.  Oh, Froggie, you feel mad (strumming), and a little bit....	Tempo shifted back to faster tempo, matching beginning of phrase. This gives direction to musical interaction. Therapist holds structure by echoing djembe beats as part of song.		

K	...sad.	Phrase ends perendosi.		
R	Oh froggie, what can we do to make you feel better?		Therapist unconsciously moving away from exploring hard feelings	Therapist unconsciously moves away from exploring hard feelings
	<i>Instrumental section</i>	Fast guitar strumming with djembe beats played by therapist and client interchangeably.	Client is fully engaged in the story-telling and music-making, yet she is smiling: again possibly indicating a disconnect between verbal and musical content.	Disengagement between emotional expression and musical content
K	<i>Client plays instrument close to her ear as if it is the frog speaking: the frog says I hate him</i>	Vermata in music while client answers		Frog expresses hatred in relationship
R	(echoes this in the music) Why does he hate him?	Music continues in an instrumental section in fast tempo and intense energy as before		
K	Because (pause) he slept with his mommy <u>and</u> (emphasis) his daddy			Froggie a threat to family
R	He slept with his mommy <u>and</u> (emphasis) his daddy, oh no, oh no, oh no! Now froggie, what do you want to do to him?			

K	I wanna kill him.	Plays guiro as if Froggie is speaking to her through it.	Further exploration of emotions into actions; K smiling as saying this.	Frog expresses desire to kill other; Disengagement between emotional expression and musical content
R	Kill him, kill him, kill him, kill him...	Chords: am7, E7 - keeps intensity. Section ends in suspension.		Music supports suspension and tension in play.

c. Video excerpt 3: Session 3: A song for Mom and Dad

	Verbal and non-verbal	Musical content	Notes	Theme
K	I love you You love me We're a happy big family With a kiss from me to you	K playing a regular moderate beat on the claves. Therapist matches this with guitar: picking broken chords in K's tempo. K starts singing known children's song, with pauses when uncertain of words.	Context: Client was invited to sing a song for her father.	Chooses Barney's song about love when singing song for father.
R	Make up your own words.			Therapist encouraging client's creativity
K	I love to hear you say you love me too I love you (pause) All this time, that I feel, Your only good daughter	New musical phrase and content from "All this time"; client waits on therapist to echo what she has sung. Still playing claves in a regular beat.		Love to be affirmed by father's love for her; Identifies as father's only (good) daughter
R	Your only good daughter	Therapist creates structure and validation by repeating client's phrases. Guitar playing only when therapist is repeating, allowing client to sing freely.		Therapist encouraging client's creativity by allowing space in the music for her to formulate melody.
K	Since I had two brothers	Quality of improvised song is gentle, creating a safe space in the music for client to share.		Client singing about family structure while music is gentle

R	Since I had two brothers			
K	When I wasn't born yet	Client extends melodic line to higher tonic.		
R	When I wasn't born yet		Therapist struggling to hear what client is saying: singing softly	Client singing with soft and tender quality about family structure.
K	So I had a first brother	Client uses descending melodic line. Quality of music creates a tender space.		Singing about brother dying while music is gentle.
R	So I had a first brother			
K	So he died! When he was still young and a baby!	Subito accent on <i>died</i> ; beating on claves now becoming irregular, matching rhythmic pattern of client's words. Client moving away from melodic singing lines to melodic storytelling.		First brother died as a baby;  Rhythmic musical pattern matches client's rhythmically spoken words
R	A baby, oh.			
K	So one grew up!	Every word accented. Intensity in the music is growing through frequent accents.		
R	So one grew up...	Client joins therapist in the echo of her phrase.		
K	But now he is (pause, as if looking for	Irregular clave beats on every word.		Brother who lived is very

	words) very rude!			rude. Brother's rudeness great concern. Music becomes irregular as she explores lived brother's rudeness.
R	But now he is very rude	Therapist responds with legato phrase.	Therapist responding in contrasting musical material to client's irregularity: a subtle suggestion to move away from difficult emotions.	Therapist unconsciously suggests moving away from exploring hard emotions
K	Just like Froggie			Brother compared to Froggie-character
R	Just like Froggie, oh-ho			
K	He slept in someone's car	Client moving away from melodic response. Shifts to spoken voice, slow scraping of claves; client fixes gaze far off, as if not focussing on anything in the room. Quality is shy, embarrassed, disappointed.	Quality of music changes as she engages with difficult memories of her brother.	Brother's behaviour is great concern: slept in someone's car  Quality of music changes to being shy, embarrassed and disappointed when singing about brother's bad

R	He slept in someone's car	Therapist offers continual structure with melodic phrases and guitar chord progression with picking. Client playing irregular beats while therapists sings her words.	behaviour.
K	He staying by us now		Music therapy giving space for rhythm (structure) and disorder simultaneously.
R	He is staying by you now, staying by you now	Guitar picking subtly starts gaining more momentum; therapist still also playing while K is sharing, which contributes to containing space created in the music.	
K	I hope you are still fine		Client expresses her hope that her brother is still fine
K	You always stop, you always stop Outside the house, outside the house You are very rude, you are very rude Be good now, be good now	Little John-melody; client is serious and determined, writing lyrics in the moment without hesitation. Quality of frustration present in the music. Playing claves on each word sung in a regular moderate beat.	Brother's rudeness great concern. Client desires for brother to be good
R	Be good now, be good now	Provides invitation for extension of lyrical material and reflection by	

	Oh my brother, oh my brother Why are you rude, why are you rude?	repeating the last and first lines of the song. Ritardando in question phrase and <i>vermata</i> on <i>rude</i> allows opportunity for elaboration on reflection.		
K	Why are you rude? To my, our 'ma	Client responds in new, slower tempo ,engaging in the music by offering a new melodic line; clave beats on each word.		Concerned about impact of brother on grandmother
R	To my ouma, she is very...friendly and loving Don't be rude, don't be rude	Client starts playing in circle motion on the djembe drum, slow with an almost instant, aggressive <i>accelerando</i> . Therapist matches this in the music by shifting to fast downbeat strumming.		Uses music therapy to role play speaking to her brother  Expressing frustration with brother's rudeness with aggressive playing on djembe drum
K		(Musical interlude)		
R	Oh daddy, oh daddy, I want to tell you, I want to tell you...	Little John melody: provides structure since it was used before		
K	(spoken voice) Magic mirror, what must I tell my daddy? (turns ear towards frog and listens) repeat that again?	Guitar strumming: V + Vsus4	Projection onto magic mirror: asking mirror what she must tell her father.	Asks another character to speak on her behalf about her father

R	And what do want to tell him?	Relative minor grounds and provides space in the music for K's answer		
K	Froggie wants to say something.		Magic mirror becomes Froggie	
R	What do you want to tell me, Froggie?			
K	(Holding Froggie at mouth, speaking in his voice) I want her to tell you that she loves her daddy Oh, come on, she is so irritating	Quality of Froggie's speech is marcato, definite, short note values.		Projection onto Froggie: character bossy in telling her what to say
R	Who is irritating?	Therapist responds in gentle melodic phrase.		
K	(soft and sad) Kari.			Projection onto Froggie: believes brother finds her irritating
R	No! Oh no, why do you say that, Froggie?		Therapist's maternal countertransference: tells Froggie that client is not irritating.	Therapist wanting to protect client against projective object's accusations.
K	Because no one is listening to what I am saying	Deep Froggie-voice		Projection onto Froggie: he does not feel heard
R	But oh, Kari's is listening, I am sure		Therapist unaware of her	Therapist wanting to protect

	she is listening.		again defending client's case against Froggie.	client against projective object's accusations
K	(Holding Froggie close to ear, playing a few beats) What am I doing now? (as if saying to Froggie): You're shouting!			Projection onto Froggie: shouting at client
R	Don't you shout at me!	Forte dynamic and definite quality: V – Vsus4 – V : dominant creates open ending allows for phrase to end or for more engagement from client. Pause in the music, K playing castanet with irregular rhythm. Tonic, allows space for new phrase to develop in improvisation.	Therapist's musical and verbal content contradicts one another: musically inviting more engagement from client, while verbally telling Froggie to stop shouting/speaking.	Disconnect between therapist's verbal and musical content.
K	Oh Froggie, don't you shout. Froggie says he is going to kill your family.			Froggie threatens to kill music therapist's family.
R	Don't kill my family.	Single minor chord, piano dynamic, gentle quality.	Music therapist resisting Froggie's threat to kill her family. Music's gentle quality contrasts verbal content.	Music therapist resisting Froggie's threat to kill her family. Disconnect between therapist's verbal and

K	(Holding Froggie at her mouth) She is just a liar. You don't know! If you don't believe me, you must see yourself, she is.			musical content. Projection onto Froggie: claims client is a liar
R	Oh Kari, are you a liar?	Quality of music remains gentle: creates a safe and holding environment for K.	Therapist unconsciously seeking to defend client's case against Froggie.	Therapist wanting to protect client against projective object's accusations. Client assured of her truth even though Froggie claims her to be a liar. Client claiming Froggie is a liar.
K	(shakes head: no)			
R	Is froggie a liar?			
K	(nods head) Yes	Tonic, new phrase.	Client looking sad as she explores feelings about her brother.	Froggie identified as client's brother. Client shows feelings of sadness about how her brother treats her. In music therapy, client is able to say to Froggie that he is mean.
R	And is froggie your brother?			
K	(Nods head, lower lip pushed forward, looks down avoiding eye contact, looks sad) You meany, meany, meany Froggie (slapping Froggie)			

R	You Froggie, you meany Froggie.	Matching client's energy.		Projection onto Froggie: slapping Froggie.
K	(listening to what Froggie is saying; resolved) Yes, okay, bye!			
R	Does Froggie hurt you, Kari?			
K	No I hit for Froggie.		Expresses her power over him. If this comment is realistic, she probably is not in a position to hurt him, but she could be hitting or slapping him. Grammatical change by therapist when reflecting what client has said.	Client claims not to be physically hurt by Froggie but that she hits him
R	You hit Froggie...  (instrumental section)	K starts playing a Kaapse Klopse beat on castanet after saying that she hits Froggie. Playing the instrument in a hitting way. The quality of the music is firm and K displays control over the instrument and improvisation, providing structure in the music with her lead. Makes eye contact with MT in	A Kaapse Klopse beat is typical of the cultural background of the client. It is most probably well- known to the client.	Client plays a contextually typical beat (Kaapse Klopse) after she mentions her power over Froggie.  Projection onto Froggie: hitting the instrument after she has said that she hits

		<p>expectation of my support of her music.  MT matches this with strumming.  Quality of music strong, defined, with drive. Therapist holds structure of improvisation by keeping to the same chord structure.</p>		<p>Froggie.</p> <p>Projection onto Froggie:  controlling the musical improvisation by leading with drive and firmness</p> <p>Client makes eye contact with therapist, expecting therapist to support her musically.</p> <p>Client resolutely leads therapist to the end of this explorative playing section.</p>
K	<p>Stands up, holding Froggie in the air and then behind her back, playing softer and softer leading to a stop. Keeps eye contact with therapist to gauge her response to this suggested ending. When therapist gets to the end as suggested by K's playing, K puts instrument down and points to other instrument in the room.</p>	<p>Decrescendo in K's playing, until she stops and puts instrument down.</p>	<p>Resolute ending controlled by client.</p>	

d. Video excerpt 4: Session 4: Song about my family

	Verbal and non-verbal	Musical content	Notes	Theme
R	<p>This is us, oh, now you know</p> <p>This is a song about our family</p> <p>So we'll make a song about our family</p> <p>This is us, oh, ho</p> <p>This is us, now you know:</p> <p>We love...what does your family love?</p>	<p>MT introduces song singing the chorus through once. K joins on djembe: quality of her playing is dry and scattered. Moves a second djembe closer to her as well.</p> <p>On second round, she asks K to add lyrics of what their family loves.</p>	<p>MT and client not together in the music.</p> <p>MT providing structure, but perhaps too much; client's playing is without clear pulse.</p>	
K	<p><i>Speaking, fast, continuous:</i> My 'ma loves to sleep, my auntie loves to watch TV, my cousin loves to watch TV and my other cousin loves to play outside.</p>	<p>Djembe playing stops. K answers in spoken voice.</p> <p>Gently and slow strumming keeps musical flow.</p>	<p>MT's facial expression and comments indicative of countertransference.</p>	<p>Extended family important in her lifeworld</p>
R	<p>Is there a special day that you love to be together?</p>			
K	<p>My mommy's birthday</p>			<p>Mother's birthday is a special day for whole family</p>

R	On mommy's birthday	Ongoing flow created by guitar; K joins on djembe again. K's tempo is slightly slower than MT's.		Shares information with therapist about her mother's birthday
	And you will see us...where do you go then?	Vermata in the music on "where would you go then?"		
K	To her graveyard	Spoken voice, plays disjointed beats on drum after she spoke.		Shares information about how the family celebrates her mother's birthday
R	To her grave again	MT affirms K's verbal contributions and encourages participation in the music by singing it back to her.		
K	and on Christmas also		Quality of her playing is clear and decisive, but with distinct tenderness.	Shares information about how the family celebrates Christmas
R	And on Christmas also go (instrumental section)	K plays faster; quality of her music shifts to focussed,		Client plays focussed and directed music after sharing

		<p>directed and heard. Louder playing. MT matches this energy on guitar.</p> <p>K moves to playing first beat on one drum with one hand, then playing the rest of the bar with both hands on the other drum. There is synchronicity in the music making between the K and MT, and the music holds the intensity of the moment.</p> <p>Therapist introduces a slightly slower tempo as she prepares for modulation; K does not respond to this, but matches the end of the first modulated chord with one accented and double-handed beat.</p>		<p>information about family celebrations.</p> <p>Client allows connection with MT in music after sharing information about family celebrations.</p>
R	<p>So this is us, now you know (x2)  We love being together on my mommy's birthday  Then you'll see us going to her grave</p>	<p>K's playing is disorganised, yet both shy and playful at once. Shifts from playing the djembe with four fingers on both hands,</p>	<p>MT's countertransference results in her unknowingly mirroring</p>	

		to playing only with single fingers. K is also mostly only using one drum at this stage.	client's sweetness and tenderness; MT almost "role playing".	
	And...we....?	MT invites K to contribute musically or verbally. K plays loud beats, using the full surface of both hands, one on each drum, then moves into a roll in the same position.	MT's facial expression shows disconnect to content of song: smiling while singing of going to client's mother's grave.	Client chooses to only express herself with loud drum beats played when invited to musically or verbally say more about going to her mother's grave
	And what does your auntie say when you go there?	MT, led by K's playing, ends phrase and goes back to tonic.		
K	<i>Speaking in a very soft and faint voice:</i> Never be sad	Playing loud and slapping, dry beats on every word, yet tone of voice does not match quality of playing: voice very tentative.	Aunt tells K to never be sad.	Incongruency in verbal and musical contents: speaks softly about being told not to feel sad, although playing loudly with expressive strength.
R	<i>Responding in similar quality:</i> But are you sometimes sad?	Guitar playing broken chords.		
K	(Nods) Yes	Moving one finger on side of drum.		Client acknowledges feelings of sadness
R	Yes, you may be sad sometimes		MT's facial expression	Therapist unconsciously moves

	And what does K say then?		again shows the opposite of the verbal content: smiling while speaking about being sad; unconsciously starts moving away from exploring hard feelings.	away from exploring hard feelings
K	<i>Shrugs</i>			
R	What do you tell your mommy when you go to her grave?		Therapist unconsciously moves away from exploring hard feelings.	
K	(Pause) On your birthday, I will bring you your favourite blue flowers.	Fingers playing on every spoken word, rhythmic speaking.		Client uses music therapy to role play speaking to her mother.
R	Your favourite blue flowers, especially for you, 'specially for you. This is my family, this is us, oh yeah. We are together, together oh ho,	MT echoes K's contribution, then shifts tempo slightly faster with motion through strumming and legato melodic phrase. K	Therapist's shift in tempo indicates a move away from possible hard feelings client might	Client uses music therapy to explore how she can still please her mother.  Therapist uses shift in musical style to unconsciously move away from exploring hard feelings

K	<p>And what does daddy say when it's mommy's birthday?</p> <p><i>Shrugs. I don't know.</i></p>	<p>responds, sits up in chair and matches the beat with her playing on both djembes. MT plays chorus initially introduced which creates musical structure.</p> <p>New verse: slower, energy kept in the moment, yet K retracts by placing only fingertips on the edge of one drum again, and sitting back in chair.</p>	<p>experience as she remembers her feelings.</p>	<p>Difficulty articulating father's feelings about mother</p>

e. Video excerpt 5: Session 6: "Feelings"

	Verbal and non-verbal	Musical content	Notes	Theme
R	If you were to sing the words that we wrote there, how would you like them to sound, so we can write our first little bit of the song?	No musical content; on verbal conversation		
K	(Assured answer): Three things together: happy, angry and sad		Client has grown in confidence in the musical space: now shows assertive and assured answers, in contrast to earlier tentativeness.	Uses the music therapy space to confidently assert herself  Choice of three key emotions: happy, angry, sad
R	Do you want that to be in the words? Do you want to write that down? Happy, angry and sad. Should I write it down for you?			
K	Yes. No, not with that colour! Pink.		Client particular about the way she wants the words written and the colours to be used.	Uses the space to confidently assert herself
R	Happy. Angry. Sad.			

	Now, would you like us to first sing about how much you love her (points to other verse), or about happy, angry and sad?			
K	(Picks up page with the words): Happy, angry and sad.			Uses the space to confidently assert her wishes
R	Okay, so I am going to play a bit of music and you can sing to that whatever you feel.	Piano starts: broken chords, adagio tempo, grave style, minor chord progression	Music therapist providing musical structure and style for client's song.	
K	(holds page up and reads from it as she sings) I am happy to be happy Sometimes I feel sad Because I miss my mommy	Increased motion in accompaniment, broken chords alternated with non-legato chords. Quality of singing is sweet; soft; regular phrasing, and moving with accompaniment.		Acknowledging of feeling sad emotion;  Enjoys feeling happy;  contrasting feeling happy to feeling sad;
R	I feel happy today But sometimes feel sad Cause I miss my mommy, oh. And that makes me feel... <i>Spoken:</i> How does it make you feel when you miss your mommy: happy, angry or sad?	New phrase; MT affirms client's contributions. Client writing/drawing something on paper with lyrics.	Music therapist asking a question already answered in the song.	Expresses sad feelings regarding missing mother
K	My songs name will be 'feelings'.	Diverting from question		Client uses the music therapy space to

R	Oh, feelings, oh, feelings...	asked Chorus alternates between iv, V and then resolves on i.		express her feelings.
K	Next I will draw a sign			Using the therapy space to assert her decisions
R	Oh, feelings, oh, feelings, oh ho. (instrumental interval)	Chorus harmonic progression Full chords adds to motion in the music		
K	These three colours must stay in pairs... (unclear content about the colours of the words she is writing: speaking to herself) <i>Music stops</i>			Using the therapy space to assert her decisions
R	How about this part, can we sing this part? Is it a happy or a sad part, when you tell your mommy that you love her?	Broken chords invites client to different options for her vocal response.		
K	Mommy, I feel so sad, when are you coming home? (pause) Play.  And then after this I am going to do this other part.	Acapella. Music therapist allows for client to sing section in preferred style and key.	Music therapist creates space for client to sing in preferred style, but client soon asks therapist to join again.	Uses music therapy space to sing her longing for her mother  Client tells therapist to play with her, rather than her singing acapella
R	Oh, mommy, I feel so sad. When are you coming home?	Echoes client. Music grounded in minor key.		Client's expressions are validated musically by the MT



		with an applause. Client looks impressed and satisfied with self.		

f. Nikita's song

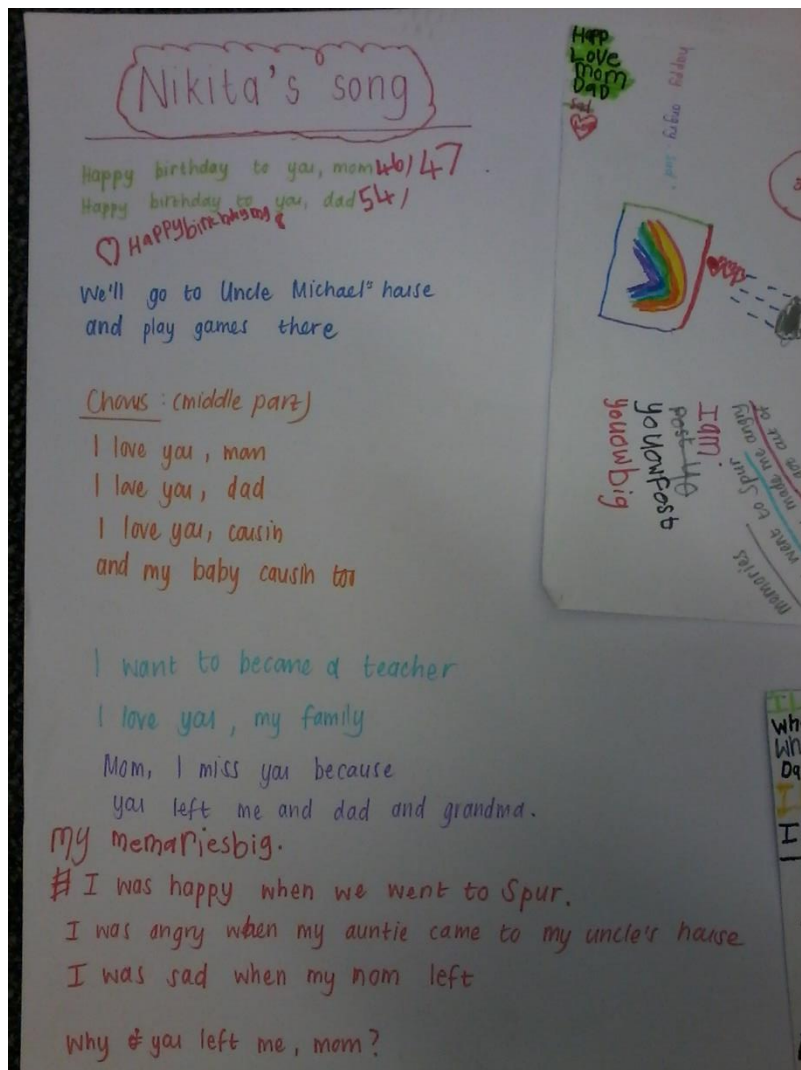


Figure 2: Nikita's song

E. Thick descriptions of video excerpts: Mimi

a. Video excerpt 1: Session 1: Resourcefulness

	Verbal and non-verbal	Musical content	Notes	Theme
R	And what about teachers and friends? ( <i>plays chord</i> ) What are your friends' names?	MT asks question with musical phrase that creates anticipation for client's answer. Melodic structure built on I – V and I – IV – V.	Song writing intervention: <i>a day in the life of Mimi</i> . Client had shared some aspects of school that she likes, which included mathematics and writing.	Client has lots of friends.
M	I have a lot of friends.			
R	<i>Singing</i> : My best friends' names are:		MT singing as if client herself is speaking.	Without hesitation, client mentions two best friends.
M	Joey.	Answers in spoken voice.		
R	Joey and...?	Vermata when waiting for client's answer.		
M	Zorada.			
R	<i>Singing</i> : Zorada and...? (no response from client)	Tempo of sections that MT echoes to client is moderately fast, creating quite a sudden stop in the flow of the music when waiting for client's		
	Joey and Zorada it is. This is a day in the life of Mimi.			

	(Musical interlude, then pause)	answer.		
	<i>New verse:</i> And what about your teachers? Which one is your favourite?			
M	Ms Heart.		Assured answer.	Client assured of who her favourite teacher is.
R	Ms Heart. She is your favourite. Oh, Ms Heart, she is your favourite...and your least favourite?		MT's facial expressions overcompensates for client's little display of emotional reaction.	MT overcompensates for client's low display of affect by over-expressing own affect.
M	I don't have a least favourite.	Client still only answering in spoken voice, not singing.		Client answers questions sung in spoken voice.
R	She don't have a least favourite. She likes them all, at least a little bit, At least a lit-tle bit.		MT composing lyrics, but including more than client has offered.	MT includes more lyrics than what client offered when echoing client.
M	(unclear contents)			
R	So this is a day in the life of Mimi, This is a day in the life of me. Tell us about when you go home after school?	Chorus-line offers structure to song.		
M	When I go home I put my bags down, and I get something to eat and then I go to mosque.		Client naming every activity in her day.	

R	And then?			
M	When I come home my mommy makes food and I wash first and then I eat. And when it is night time, my friends come to my house.		Client speaks of fixed daily routine.	Client tells of fixed daily routine.
R	My friends come to my house, then come to my house. And, what do you like to do?			
M	We just sit and then we draw.			Client has friends over at night to draw.
R	<i>Chorus:</i> This is the day in the life of Mimi, This is a day in the life of me. Sounds lovely, sounds interesting.  <i>New verse:</i> Now it's time night and to go to bed. And...Did you say you have a sister or a brother?			
M	Siblings. My brother is out of the house but my sister is grown up, she has a child already.	Client's engages in conversation facilitated by the music between client and therapist.		Client speaks about family structure. Client's engaged in conversation that is facilitated by the music.
R	So do you like the child? Do you see him often?			

M	Yes, he lives with us. He is three years old.		Client's nephew also lives with her.	Client speaks about family's living arrangements.
R	Three years old, that's like a little brother to you.			
R	What do you do as a family when you miss your father? Do you speak about him?	Single strums when asking about father.		
M	I just say when I miss him.			Client tells family when she misses her father.
R	Does the others also say that they miss him?			
M	<i>Knods.</i>			Family members tell one another when they miss their father.
R	When do you miss him the most?	Subtle change in character of music: Adding soft minor chords when asking question.		
M	I don't know. Every day. Almost every day.			In music therapy, client is able to say that she misses her father every day.
R	And who in the family do you think misses him the most?			
M	My mom.			In music therapy, client acknowledges her

				mother's experience of missing her spouse.

b. Video excerpt 2: Session 3: Free exploration intervention

*Following a free exploration intervention where client and therapist moved around in the space playing on scattered instruments on pre-recorded music, client chooses the mbira as her favourite instrument in the room and this improvisation follows. Please note that this clip does not contain verbal content.*

	<b>Verbal and non-verbal</b>	<b>Musical content</b>	<b>Notes</b>	<b>Theme</b>
	<p>Client picks up instrument and starts playing, looking down at instrument. Plays for several bars, then glances at therapist, who is meeting client's style with guitar plucking of strings.</p> <p>Client playing with motion and focussed presence.</p> <p>Changes suddenly to wooden guiro. Explores with the different sounds playing mallet inside of and on the outside of the instrument.</p> <p>Client and therapist makes eye contact and client shifts music to faster tempo of glissandi.</p> <p>Client looks at therapist and smiles. Continues playing.</p>	<p>Quality of music is soft, but with motion. Music therapist meets this with plucking style on guitar; minor chord sequence.</p> <p>Music therapist changes playing to only using one-two strings.</p> <p>Music therapist keeps the flow of the music and then changes her style to match client's glissandi-style on the guiro.</p> <p>Therapist matches client's tempo and there is a shared musicking.</p> <p>Therapist continually supporting</p>		<p>Client's playing gains motion and focus after eye contact with MT.</p> <p>Client explores with instrument's sound while therapist supports musically.</p> <p>Client's music shifts to faster tempo after making eye contact with MT.</p> <p>Client smiles at MT while</p>

	<p>Client leans forward and starts playing two passages on the djembe drum with the guiro's mallet, before going back to only playing the guiro.</p> <p>Client experiments with different ways of playing the djembe with the guiro.</p> <p>Client stops playing after a clear <i>ritardando</i>. Looks around the room, possibly looking for another instrument, but then sit with her arms between her legs, waiting for therapist to stop playing.</p>	<p>client in her musical changes. Therapist extends joint music-making with vocal glissandi.</p> <p>Tempo slows down as client is playing single beats only. Therapist matches this by only playing on the low E and A strings; no vocals added.</p>		<p>continuing playing.</p> <p>In MT, client experiments with using one instrument as a mallet for the other.</p> <p>Client clearly communicates end of improvisation to therapist through her music and posture.</p>

c. Video excerpt 3: Session 5: Musical improvisation

	Verbal and non-verbal	Musical content	Notes	Theme
M	These drums are loud.		Music therapist offered M an opportunity to explore any of the instruments in the room.	
R	Don't worry, they can't hear us, we are too high. So you can play loudly if you want to. Let's go for it?	M starts exploring with drum: playing single drumbeats, then also scratching through instrument bin for other instruments.		Client explores with instruments after encouragement from therapist.
R	Okay, go for it.	M starts with an energetic, irregular beat on the castanets. MT matches her on the guitar with a Spanish-style harmony supported with full chordal strumming. M adds random djembe drum beats in between the castanet beats. M scratches the drum, bringing a glissando-effect into the improvisation. MT matches this with a supportive crescendo with each glissando. This becomes a pattern: three beats with the castanet and a triplet on the djembe on the fourth beat.	M's playing remains	Client and therapist's playing together becomes a patterned figure.

		<p>M now mostly playing djembe beats and scratches, use of castanet becoming fewer. Still no fixed pattern of interchange between instruments.</p> <p>MT intervenes with matching M's djembe beats with playing those beats with muted strings.</p> <p>M playing claves and also using them as mallets to play the djembe.</p> <p>Therapist intervenes with changing from playing the guitar to playing the drum.</p> <p>Therapist and M's music not together: therapist providing a strong structure and definite pattern,</p>	<p>mostly irregular, MT matches this but offers structure by broadly holding a 4 beat bar.</p> <p>Improvisation has flow and direction, despite irregularity.</p> <p>MT trying to match M's playing, but also provide a holding environment.</p> <p>Therapist perceived M as perseverating.</p>	<p>Client has no fixed pattern of constant change between instruments, allowing a free exploration.</p> <p>Client responds to MT's intervention to provide increased rhythmical structure</p> <p>MT providing too much structure, constraining</p>
R	<p>Can I challenge you to do something totally different? To do something totally different that you usually would on the drum? So...let's go loud. You can play with the stick (mallet) or without it.</p>			

		while M's music is more free, lighter and unstructured.		client's free style
			After a little while, M stops playing. Therapist continues in hope of extending M's playing. Therapist then changes back to guitar and verbally invites M to play the drum again.	Client assertive in determining the end of the joint musical experience
		M explores on djembe drum, then moves to castanets, cymbals and tambourine. Therapist follows and supports client.		Client exploring with instruments after encouragement from therapist
M	How do you do this?		M asking about a type of castanet.	Client asking therapist to show her how to play a specific instrument
R	Like this.	Driving and flow provided by guitar stops for a moment.	Therapist demonstrates. M tries it.	Client tries new instrument after therapist demonstrates
M	La, la, da, dam, da , da , da, da...	Therapist adding vocal layer to improvisation.	M still playing castanets.	
		M moves to bells and guiro, therapist follows the shift		

R	You want to finish us off on the drum? Let's finish our song.	<p>in tempo.</p> <p>M immediately starts playing with both hands when invited by MT. Intermittently also explores with scratching the surface of the drum.</p>	M's playing comes to a stop. Therapist verbally invites M to lead the end of the improvisation on the drum.	Client plays drum with both hands when invited by MT to determine the end of the improvisation.
R	Will you show me when to stop?	M's music becomes slower.		
M	But I don't know where?			
R	You can just go louder and stop, or softer and stop?	M plays a short drum roll and stops. Therapist meets this with her guitar playing.		Client shows end of improvisation after allowing MT to offer suggestions to do this.

d. Video excerpt 4: Session 6: Reflections on rituals and religious beliefs

	Verbal and non-verbal	Musical content	Notes	Theme
R	<p>Music therapist invites client to start with a rhythm on the drum, and suggest this is a rap song, since client does not want “to sing”.</p> <p>Rhythmic speaking:  <i>This is my life story / my own words</i>  <i>Now you can say...</i></p>	<p>Vibrant rhythmic energy. M uses only her fingertips to play the rhythm, bringing forth a muted, matt-like timbre to the rhythm.</p> <p>Music therapist matches her rhythm and tempo with beats on the body of the guitar, using only my fingertips too. .</p>	<p><i>This section is an improvisation using the words of the art collage M created. The words include lyrics from the lyric analysis of Justin Bieber’s Believe, dreams she identified for her life (eg. netball, finish school, college, teacher) and other descriptive words she chose (see Appendix)</i></p> <p>There is little musical interaction from her side, but she plays with a great drive</p>	<p>Client shows autonomy in music-making: initiates strong rhythmic drive</p> <p>Client shows autonomy in music-making: does not want to sing.</p>

M	No, no, I can't sing.			Client resists engaging in vocal contributions in music.
R	You can just say the words, like rap, that's why we are not singing.	Drum and guitar-body playing continues. Quality of music now more dance-like, and heightened awareness of musical interaction. Music moves in and out of unison.		Client shows autonomy in music-making: initiates shifts in musical style
R	"To become".	Drumming continues; slowly growing in dynamic and intensity.  M picks up wooden mallet and plays on the djembe with it. This adds to a bigger sound. She stays focussed in the music and shifts her beat slightly to move into the traditional Klopse beat.	Rhythmic speaking aims to invite M to add verbal component to improvisation	Client shows autonomy in music-making: changes medium of playing djembe  Client shows autonomy in music-making: client shifts musical style
R	"A dream!" (voice fills room; another invitation for client to contribute verbally)			
R	<i>Speaking while music continues:</i>	M responds by shaking her head		Client resists engaging in

<p>Would you like to choose a word that stands out to you?</p> <p>Client's posture is very relaxed, she moves into a slouching position on the chair while she leads the drumming.</p> <p>Music therapist verbally invite her, while she continues to play the beat, to imagine these words were to make a song by Chris Brown. She responds by saying: "We would just mix up the words." "What do you think it will start with?" (pointing to the collage) "I don't know!"</p> <p><i>Long pause</i></p> <p>R Do you ever sing, when you are</p>	<p>(no) and starts playing three beats on the side of the djembe, then two on the top of the drum.</p> <p>MT match this shift by playing on the back of the guitar, bringing forth a bass beat.</p> <p>The quality of the music is now more raw, slightly slower with more space between the notes, although the direction in the music remains.</p> <p>The music slows down, unravels and M stops playing.</p>	<p>MT takes that as a que not to try to move into any more verbal invitations in the music.</p>	<p>vocal contributions in music</p> <p>Client shows relaxed posture as she continues to participate in music-making</p> <p>Client resists engaging in verbal contributions in music</p>
--	---	---	---

alone maybe?

M No.

R Do you sing at mosque?

M No, only when it is, what do you call it, (pause) plays. But the whole madrasah sings.

R And you don't have to sing?

M No, we do sing, everybody sings. But if you don't want to sing that one, you wait for the other song. But everybody does something.

R Oh, and do you enjoy that?

M *Nods*

R Do you dress up?

M No, you must just have certain colours on, like the boys wear white tops and the girls can have black on. And white *fez* on the boys, and black on the girls (*makes gesture around face*).

Client resists engaging in vocal contributions in music

Client would sing as part of a religious group

Client would sing as part of a religious group

Client enjoys singing as part of a religious group

R	Did you, during this time of Ramadan, did you think of your dad? Did you celebrate his life?
M	( <i>nods</i> ) Sometimes, like on Eid, we went to his grave.
R	What do you do when you go to his grave?
M	We make to our o'Bracha.
R	What is that?
M	I don't know what it is, but I just know you make the bracha.
R	Is it like praying?
M	Ja but not praying like normal.
R	And how does it make you feel when you go to ( <i>pause</i> ) the grave?
M	Normal. It makes you feel normal.

*It seems like M did not hear the full question, as she has already*

In music therapy, client shares information on going to her father's grave  
 In music therapy, client shares information on remembrance of father's life

In music therapy, client shares information on rituals at father's grave

In music therapy, client shares information on her

R	Are there times when you feel irritated to go there or is it only feelings of sadness?		
M	No, it isn't irritated being there.		
R	Do you feel sad when you go there?		
M	Hmmm (yes).		
R	<i>(Pause)</i> It moves a little in the heart, hey? It's not just a normal day.		
M	<i>(sighs)</i>		
R	If you could send your dad a message or if you could say something to him – I don't know whether you believe that he can	<p><i>started answering the question while I was saying the words "to the grave". For this reason I believe she answered the question thinking I was asking her how the bracha made her feel.</i></p>	<p>feelings about rituals</p> <p>Client shares feelings about when at father's grave</p> <p>Client shares feelings about leaving father's grave</p>

still hear you when you speak to him?

M No, I don't know.

R Do you know where he is, now after his death? Do you ever think of that?

M No.

R Do you have some special things that remind you of him that you keep in your room that you cherish for memories?

M Like his phones and that.

R His old cellphones, are you keeping that?

M *(knods)* And the pictures also.  
*(gestures towards walls)*

R *(long pause)*  
And what do you think he would have said if he could say something to you today?

In music therapy, client shares beliefs about afterlife

In music therapy, client shares beliefs about afterlife

Client keeps old cellphones as memories of father

Client keeps pictures of father to remember him

M I don't know. (pause, clicking of tongue)

R Would he be proud?

M Yes! (*very assured answer*)

R And your mom? Is she also proud of you?  
Yes.

What were the things that made you know that your father was proud of you?

M We listened and do our work and we pass everything in the term. And then he would buy us stuff or give us money or something.

Client not sure what her father would say to her today

Client gives assured answer about her father's feelings towards her.

Client gives assured answer about her mom's feelings towards her.

Client certain that her parents are proud of her – client listened to them.  
Client certain that her parents are proud of her – client did her work.  
Client certain that her parents are proud of her –

<p>R</p> <p>M</p> <p>R</p> <p>M</p>	<p>Wow! Do you miss getting that?</p> <p>(<i>knods</i>)</p> <p>Do you want to play a beat? Let's just end off...</p> <p><i>starts playing a beat on the drum</i></p>	<p>We move into a short musical improvisation to end the session.</p>		<p>client passed all her subjects in a term. Client certain that her father was proud of her – he would buy her things or give her money.</p> <p>Client misses receiving gifts from her father.</p> <p>.</p> <p>Client starts music-making after conversation about her father</p>
-------------------------------------	--	---	--	--

e. Video excerpt 5: Session 7: Piano improvisation

	Verbal and non-verbal	Musical content	Notes	Theme
R	You can move a bit closer and then I would like to invite you to start for us.		03:30	
M	I don't know what to do.		Mimi is non-decisive.	Client unsure of what to do to start piano improvisation.
R	You can do anything.	<p>Mimi starts playing almost immediately after therapist assured her that she could do anything. Playing is gentle, single note passages, moderately fast.</p> <p>MT mirrors Mimi's melodic patterns, still mostly trying to match her tempo and style.</p> <p>Mimi leads phrase to a close with a <i>ritardando</i> and <i>diminuendo</i>. MT follows.</p> <p>When Mimi realises therapist is following her, she starts a new phrase, playing forcefully.</p>	<p>MT encourages and motivates Mimi.</p> <p>The assertiveness present in her musical engagements contrast her indecisiveness in verbal communication.</p>	<p>Client starts improvisation after MT assures her she could do anything on the instrument</p> <p>Client displays assertiveness in the music</p> <p>Client's assertiveness in musical engagements contrasts indecisiveness of verbal communication</p> <p>Client starts new phrase</p>

		<p>MT matches client's style and pulse and offers a syncopated beat as structure.</p> <p>Mimi playing clustered chords; the quality of her playing resembles clapping.</p> <p>Mimi stops, listening to what MT is playing. Since Mimi has stopped playing, therapist brings energy in the music down and brings phrase to a close.</p> <p>MT invites client back to playing with playful note passages, playfully jumping to higher register in invitation to play. Mimi declines. MT brings musical improvisation to a close with a clear chord to show the end of the phrase.</p>	<p>MT's chords heavier than and dominant to Mimi's.</p> <p>Mimi's listening shows an awareness of MT's presence in the music.</p> <p>Mimi displays assertive decision-making in her choice of intervention in the MT space.</p>	<p>when she realises MT is following her playing</p> <p>Client stops playing and listens to what MT is playing</p> <p>Client displays assertiveness in determining duration of intervention</p> <p>Client indecisive when asked whether she liked the musical improvisation</p>
R	Did you (hand gesture) like that?			
M	<i>Shrugs</i>			
R	<p>What did you think of the sound of the piano?</p> <p>(Bell goes)</p>			

R	Do you want to explore some more?			After the bell has rung, client does not want to explore more of the piano improvisation
M	No.			
R	Okay.			

F. Thick descriptions of video excerpts: Thandi

a. Video excerpt 1: Session 1: Mbira improvisation

	Verbal and non-verbal	Musical content	Notes	Theme
	<p><i>This section of the improvisation follows after a leader and follower section, which then developed into a joint drumming improvisation. The quality of the music is rhythmical, with nuances of tribal dancing rhythms. I have just intervened with a shift to a ¾ - metre. The shift brought an accelerando, to which Thandi closed her ears as it reached the climax.</i></p>			Client showing physical resistance to loud sound
R	<p><i>Thandi shows an almost immediate response to the new metre. She watches MTh's hands closely and tries to copy what MTh is doing. At times her gaze also moves to MTh's face. She displays blunted affect.</i></p> <p>Do you like, or don't you like loud sounds? <i>Client shakes head.</i></p>	<p>Accelerando which moves into being a drumroll. Dynamic level is loud, but not a full forte, since MTh aims to match client's playing, and client is holding back because she does not like the loud sound.</p> <p>Music stops.</p>	Client displays blunted affect although she is fully present in the music.	Client avoiding loud sound by resisting full crescendo Although client is displaying blunted affect, she is fully present in the music
R	<p>Okay, then we won't use the drum if you don't want to. Let's put the drum away and you can choose any instrument. If you don't know how to</p>			Client indicating that she dislikes loud sounds

R	<p>play it, you are welcome to ask me.  <i>Client takes mbira from selection of instruments; MTh picks up guitar.</i></p> <p>Okay, you can start.  <i>Client starts without hesitation.</i></p> <p><i>Thandi makes occasional eye contact.  Her posture is bent while she stares at</i></p>	<p>Tempo of music is rushed. The timbre of the instrument leans towards a gentle quality. Her playing is definite, strong, and without end.</p> <p>MTh matches her playing with plucking on guitar, whilst moving between C, am and dm.</p>	<p>Client's affect is blunted.</p>	<p>Client exchanging djembe drum for mbira because of instruments' contrasting timbres</p> <p>After changing to instrument with gentler timbre, client starts playing without hesitation</p> <p>Playing on an instrument with a gentle timbre, quality of client's playing is definite</p> <p>Playing on an instrument with a gentle timbre, quality of client's playing is strong</p> <p>Playing on an instrument with a gentle timbre, quality of client's playing is without end</p>
---	---	---	------------------------------------	---

*the instrument.*

*When MTh initiates the added vocal layer, client looks up at MTh.*

*Client's posture remains unchanged: looking down on instrument, body bend over it. Instrument held between knees.*

*When client's playing gets moves out of rhythm for a brief moment, playing at a slower tempo. Her body moves to and she shakes her head on the beat of the*

Client's playing has qualities of perseveration, and for this reason, MTh intervenes with added vocal layer.

Quality of vocals are gentle and holding, singing on "la"  
This continues for 16 bars.

When therapist stops singing, Thandi's playing continues unchanged.

MTh intervenes by introducing a slightly faster tempo and changing her style of picking to chords. This gives music more drive.

MTh's chordal picking moves into downward strumming, while client's playing accelerates

Client's flow in playing is broken for a brief moment when her finger slips on the instrument.

Client showing no affection to make contact with MTh, yet she is fully present and aware of little changes or unpredictable occurrences in the music.

Client looking up at MTh when a vocal intervention is introduced  
Client present and aware in music, but not allowing relational contact

Client displaying embodied response to irregular tempo  
Client's embodied

*tempo, as if she is getting her body back into synchronisation. This demonstrates that she is attuned to the music and is participating in a shared music experience with the MTh.*

*Client initiates to bring music up to faster tempo again, and then starts initiating a ritardando, seemingly suggesting the end of the song.*

*When the music has stopped, client scratches head, sits back in chair and looks up at MTh.*

Do you want to give this song a name?

*Shakes head.*

What did that song make you think of?

Client and MTh moves into accelerando. The quality in the movement of the music is strong and driving, although the timbre remains gentle.

Client initiates *ritardando* and then ends the piece, with a moderately strong ending.

Music stops.

Client resists verbal engagement.

response displaying her presence in the shared music experience with MTh

Client initiating changes in tempi in the music

Shared music experience carrying a strong, driving musical quality, while timbre remains gentle

Client initiating ending of shared music experience  
Client's posture becoming more relaxed when improvisation ends

Client resisting verbal engagement

	<p><i>Shakes head.</i></p> <p><i>(pause)</i></p> <p>What do you like about the instrument?</p> <p>It is soft.</p>		<p>Client again resists verbal engagement.</p> <p>Affinity for mbira's soft quality stands in similarity to dislike of drums loud quality.</p>	<p>Client resisting verbal engagement</p> <p>Client communicating affinity for mbira's soft musical qualities</p>

b. Video excerpt 2: Session 2: Improvisation and holding through music

	Verbal and non-verbal	Musical content	Notes	Theme
	<p><i>This improvisation follows after an art with music intervention where Thandi was lead to identify resourcefulness in her life (see attached). The intervention was met with some resistance, as it possibly was hard for her to identify with the character on the page.</i></p> <p><i>After reflection on the art intervention, we move to the space where the instruments are packed. Thandi picks the shaker. MTh takes the drum and introduces the chorus of the song:</i></p> <p style="padding-left: 40px;">I am strong, This is me, This is who I am.</p>			
<p>R</p> <p>T</p> <p>R</p>	<p>(chorus: as written above)</p> <p><i>....Thandi, what makes you strong?</i></p> <p><i>Sports.</i></p> <p><i>Sports make me strong</i></p> <p><i>It makes me special and strong</i></p>	<p>Client plays a steady beat at a moderate tempo. MTh supports this with her playing on the drum. MTh's vocal line is similarly short phrases although with some contrasts in the legato phrasing.</p>		<p>Client feels strong because of sports</p>

*And when I am at school what makes you strong?*

T *Learning*

R *Learning makes me strong.*

(Short musical interlude)

*This is me, here I am,*

*This is who I am*

*This make me strong...*

Spoken voice: *Is there anything else that you feel makes you strong? You can mention anything.*

T *Mom.*

R Continues in musical phrase:

*Mom makes me strong.*

(Brief musical interlude)

R Would you like to change instruments?

*Exchanges djembe drum and shaker*

R Now you can play me a song representing who you are.

You can add lyrics like: "This is who I am".

Would you like to try that?

T No.

Because of learning, client feels strong at school

Client feels strong because of the presence of her mother

Client resists vocal

<p>R</p>	<p>Okay, that perfectly okay. Let's just play. <i>Music starts.</i></p> <p><i>Throughout the improvisation, client plays with only one hand on the drum. She is sitting forward, resting her head on her chin. She moves her hand as she plays, playing every beat on a different place on the drum.</i></p>	<p>Client starts with a distinct beat: q q iq q. She soon starts changing the crotchets to quavers and semi-quavers. The music now reminds of the improvisation on the mbira in session 1, where the flow of the music was so continuous that it reminded of a round.</p> <p>Thandi initiates an accelerando and then experiments with different rhythmic patterns. MTh match these as they change, also introducing legato playing on the shaker, shaking it in the tempo but without breaks.</p>	<p>Musical maternal countertransference: creating a holding space with legato lines in the music</p>	<p>engagement in musical improvisation intervention</p> <p>Client leads musical improvisation with strongly defined beat</p> <p>Client experimenting with areas on membrane of drum where it can be played Client initiating accelerando in improvisation MTh's maternal countertransference exposed through musical</p>
----------	--	--	--	--

	<p><i>As the moves in the music towards the end of the song, she takes her chin off her hand, folding it over her lap (still only engaging with the djembe with one hand) She looks up and makes eye contact when she finishes the song.</i></p>	<p>Thandi brings the improvisation to a close with three strong beats to indicate the end.</p>		<p>nuances Client assertively showing end of the improvisation</p> <p>After initiating the end of the improvisation, client makes eye contact with MTh</p> <p>Client naming improvisation "<i>About me</i>"</p>
R	Does your song have a name? do you want to give it a name?			
T	<i>Shrugs</i>			
R	Anything.			
T	"About me"			
R	About me.			

G. Thick descriptions of video excerpts: Jan

a. Video excerpt 1: Session 1: Piano improvisation

	Verbal and non-verbal	Musical content	Theme	Notes
01:26	J's body is turned to fully face the piano. R is slightly turned to him, watching his hands as they play.	Jan starts playing with one finger from both hands – the quality of the music is melancholic, urgent. He stops and looks at R, waiting for approval/reassurance to start. R allows for ample playing time before she mirrors a passage from his playing.	Client allowing space in improvisation for therapist to match and mirror his playing	Musical improvisation section
		J continues in similar style of playing, but allows for spaces where R would mirror or match his playing.		
02:00		Movement in music grows; definite roles: J playing melody, R supporting with chords and harmonic structure		
		J perseverates on three notes (ii, iii, IV), playing them in repeated order but with changes in accents.	Client leading with melody while therapist supporting him when movement in music grows	

02:40		<p>R changes style of accompaniment: use of off-beats, dotted rhythms and descending baseline</p> <p>J slows perseverating nuance's tempo down, suggesting an ending.</p>	<p>Client showing awareness of therapist's intervention to break perseverivity by slowing down and suggesting an ending</p>	
03:05	<p>J looks over to R's hands for the first time.</p> <p>J reverts to playing with one finger from each hand only.</p>	<p>R plays elongated chords which allows room for J to end the improvisation or to continue in his new tempo.</p> <p>Similar perseverative pattern, but with different notes of the scale (I, ii, IV); Tempo is slow, style is staccato, quality playful.</p>	<p>Client's perseverating rhythm in the music is contrasted by him looking around and playing with playful quality</p>	
03:48		<p>J initiates accelerando which is supported by R. Still only playing the same three notes.</p>	<p>Client initiates accelerando while playing perseverating rhythm</p>	
04:05	<p>J stops playing and R matches this with ending with an octave interval of a tonic.</p>			
J	<p><i>Sigh.</i> I never knew I could play piano.</p>		<p>Client surprised at personal accomplishment of playing piano</p>	<p>Reflection on musical improvisation starts</p>

R	It even sounded like something you knew from before!			
J	I just made it up.		Client was improvising musical material	
R	Were you thinking of anything specific when you were playing it?			
J	I was thinking of the song me and my friend made.		Client thinking about song written some time before with friend while in musical improvisation with therapist.	
R	Does that song have some lyrics?			
J	It was some kind of a love song. We made it because my friend found his first girlfriend. And he asked me to make a song for him. It is called "Superman".		Client has explored song writing outside of therapy space before Client wrote a love song with his friend Client's friend asked him to make a song for him Client's song for friend was called "Superman"	
R	And how did you make			

<p>J</p>	<p>that song? He told me how he felt about his girlfriend so I just put it into rhyming words and like put a lyric to it.</p>		<p>Client has reworked words friend's feelings to rhyming lyrics</p>	
<p>R</p>	<p>Do you often write poetry or songs? Just when I feel like it, when it comes in my mind.  And when is that usually? Is it when you want to express something, or when you are feeling happy or feeling sad? Like sometimes I writing happy songs when I'm feeling happy and sad songs when I am feeling sad. And just when I'm</p>		<p>Client writes poetry or songs when he feels like it Client write poetry or songs when it comes into his mind  When experiencing a particular feeling, client engages in song writing about that feeling</p>	

R	<p>feeling {unclear content} then I write any kind of poem.</p> <p>Well, maybe we can write a song together and put it to music. Maybe you can think about it a bit if you would like to write a song together and then you can tell me tomorrow.</p>			<p>Client declined the invitation to write a song in the next session. He preferred doing more improvisational work.</p>
---	---	--	--	--

b. Video excerpt 2: Session 1: Verbal reflection on art intervention

	Verbal and non-verbal	Musical content	Notes	Theme
R	Tell me about your picture.	No musical content: verbal reflection on art intervention	Reflecting on client's artworks with the theme: "This is me". Client drew three figure that represents himself in three aspects of his life. Please see picture attached.	<p>Client visualises aspects of himself through projective figure: projective figure has fun playing outside with butterflies</p> <p>Client visualises aspects of himself through projective figure: projective figure is cool wearing a leather jacket</p> <p>Client visualises aspects of himself through projective figure: projective figure is cool going to town</p> <p>Client visualises aspects of himself through projective figure: it's the</p>
J	<p>(Points to first figure) This is the fun side of me. I'm playing outside with the butterflies.</p> <p>This is the cool side of me, wearing a leather jackets, going to town, time to get girls.</p> <p>And this is me playing with my big dog I once had. You see he is licking me and I am laughing.</p> <p>Ja, that is some parts of me.</p>			

				<p>projective figure's time to get girls</p> <p>Client visualises aspects of himself through projective figure: projective figure playing with his big dog</p> <p>Client visualises aspects of himself through projective figure: projective figure's dog is licking him and he laughs</p>
R	Wow, that is amazing. You said it's the dog you once had. Where...is he still alive?			
J	No, my...actually my dad sold him because we could take care of him anymore.			Client expresses loss of beloved dog
R	Oh, okay. What kind of dog was he?			Client's expresses loss of beloved dog because they could not take care of him anymore
J	He was a pitbull, miss.			
R	O wow. So that's why he has that ( <i>points</i> ) specific collar. Do you love animals?			
J	Yes, miss. <i>Shakes head.</i> I love them.			Client expresses his love for animals
R	How long ago was it that you lost your dog?			
J	Last year, miss.			Loss of beloved dog happened the year before
R	I'm sorry, that's very recent.			

J	Now we've got a cat, miss. The cat is very lazy, miss.			After client shares on loss of beloved dog, he tells of them now having a cat
R	<i>(laughs)</i> So you cuddle with the cat when you miss your dog?			
J	Yes miss.			Client processes feelings of loss of dog by spending time with cat
R	What was your dog's name?			
J	His name was Rex, miss.			
R	Do you know where he is now?			
J	He is with another owner in town.			
R	Well, I hope that they are taking good care of him.			
R	And tell me about this one? <i>(points to picture)</i>			
J	That is just the cool side of me, miss. Like to get girls, to be awesome, to have to keep everything calm, miss			Client uses projective figure to tell of how his cool side likes to get girls Client uses projective figure to tell of how his cool side likes to be awesome Client uses projective figure to tell of how his cool side likes to keep everything calm
R	And what kind of music does that one listen to?			
J	Pop music, miss and happy music, miss.			Client's projective figure listens to pop music

	<p>This one (<i>points to third figure</i>), he doesn't (<i>care</i>), he just runs around, has fun.</p>			<p>Client's projective figure listens to happy music</p> <p>Client uses projective figure to visualise himself having fun</p> <p>Client uses projective figure to visualise himself running around carelessly</p>
R	Feeling free?			
J	Hmm, yes.			Client uses projective figure to visualise himself feeling free
R	When you do feel like this?			
J	When I am with my friends, miss, I feel like I can be whoever I want to be. I can run around, make jokes, do the things that I want to do, miss.			<p>Client feels like he can be whoever he wants to be when he is with his friends</p> <p>Client feels like he can run around when he is with his friends</p> <p>Client feels like he can make jokes when he is with his friends</p> <p>Client feels like he can do the things he want to do when he is with his friends</p>
R	And ( <i>pause</i> ) where on this picture are you now? Today? ( <i>hand gestures to include whole artwork</i> )			

J	<i>in question</i> I am there, miss. ( <i>Points to “free” figure</i> )		Assured answer, without hesitation.	Client feeling free on day of session
R	And, when you are with your family?			
J	( <i>points to figure with dog licking</i> ) I feel I am there, feeling happy miss, feeling love.			Client feels happy when he is with family Client feels loved when he is with family
R	That is really loved. A place of feeling loved. Well, thank you very much for sharing some of your life with me.			

c. Video excerpt 3: Session 2: Piano improvisation

	Notes	Theme
	<p><i>At the beginning of the session, Jan was telling me about his dad getting married the next day. He described his dad’s new wife as “a friendly woman” and that he was “excited for getting a new brother and a new sister”.</i></p> <p><i>This improvisation follows another improvisation where Jan could move freely between various percussion instruments. He stayed with the bongo drums for almost six minutes, perseverating on one rhythmic pattern.</i></p>	<p>In music therapy, client shares feelings about father remarrying In music therapy, client shares feelings about gaining stepfamily</p> <p>After speaking about his father remarrying, client perseverates on</p>

	<p><i>MT offered him various experiences and interventions by changing the style of music and instruments in her matching. His description of the improvisation was “It’s amazing”. He said that he felt “relaxed” when he plays the drum; it “calms my nerves”.</i></p> <p><i>MT then gave him the option of staying with more of the exploring of instruments or moving to the piano, to which he chose the piano.</i></p> <p><i>At the piano, therapist offers him the option of writing a song together, as they spoke about in the previous session. He chooses to rather just play “expressively, whatever comes up”.</i></p>			<p>one instrument and one rhythmic pattern</p> <p>Client mentions that he feels relaxed when he plays the drum</p> <p>Client mentions that playing the drum calms his nerves</p> <p>Client choosing to play improvisational music rather than working on writing a song</p>
	Verbal and non-verbal	Musical content	Notes	Theme
<p>J</p> <p>R</p> <p>J</p>	<p>Should I go first?</p> <p>You can go first, please do. It’s on a different setting, but perhaps you will like it.</p> <p><i>(demonstrates)</i></p> <p>It’s nice.</p>	<p>J starts playing defined crotchet beats in a repetitive pattern. He plays two bars of a</p>		<p>After speaking about his father remarrying, client perseverates in</p>

R	<p><i>R's body is slightly turned towards J, watching his hands as he plays. J is only focussing on the piano.</i></p> <p><i>J's body remains in exact same position for the whole improvisation, not moving.</i></p> <p><i>J looks over to R's</i></p>	<p>simple pattern of descending crotchets in a stepwise direction.</p> <p>This is followed by a rhythmic pattern (e q q h   e q q h ) of only two notes which gets repeated several times.</p> <p>R matches J's playing with a two-note chord on the last note of his pattern, which then sustains for the duration of the next pattern. The melodic structure is built on the dorian mode.</p> <p>J perseverates, playing the same two notes, in the same rhythmic pattern repeatedly. R intervenes with changing direction of the chord sequence, and adding a passing note. J shows no response.</p> <p>R intervenes again with a shift to a more melodic line in the accompanying of his playing. J shows no response. R also intervenes by matching his rhythmic pattern. He continues his playing, then starts a ritardando and brings his playing to an end.</p>	<p>The quality of the music is melancholic, the tempo is at a walking pace.</p> <p>This stands in contrast to the previous session, where Jan freely responded to interventions and shift in the music.</p> <p>The perseveration has a quality of rigidity.</p>	<p>the music</p> <p>After speaking about his father remarrying, client does not acknowledge therapist's presence in music</p> <p>After speaking about his father remarrying, client perseverates in the music</p> <p>Client shows no recognising of therapist's interventions to break his perseverative playing</p> <p>Client looks at therapist's hands in</p>
---	---	---	---	--

*hands when he ends his playing.*

*R takes a deep breath when the song is finished. J looks at her hands again and then asks:*

Sorry, miss, can I go?

expectation of ending when he has finished playing

J wants to leave the room. The bell rang towards the end of our improvisation and I remember him telling me about their soccer games during break. He leaves the room.

Client requests to leave therapy space during break time

Client leaving therapy room abruptly leaves no space for reflection upon improvisation

d. Video excerpt 4: Session 3: Reflection on art intervention

	Verbal and non-verbal	Musical content	Notes	Theme
R	Where are you? <i>Points to picture</i>	No musical content: verbal reflection on art intervention	See picture attached.	<p>Projective figure is cheered on by friends as he goes to score a goal</p> <p>Projective figure is relaxed and taking his mind off everything</p> <p>Client's body is tense as he speaks about projective figure</p> <p>Client often thinking about father's new marriage</p> <p>Client often thinking about how his sister is doing</p> <p>Client often thinking about how his brother is doing</p>
J	This one, miss. <i>Points to figure with ball.</i>			
R	Are you on your way to score?			
J	Yes, miss.			
	These are my friends cheering me on. And I'm relaxed, miss, and taking my mind of everything.			
	<i>Staring only at picture as he speaks, body is tense.</i>			
R	What are the things that are on your mind sometimes?			
J	My daddy's marriage; how my sister is doing; how my brother is doing.			
R	It seems like you take a lot of responsibility on yourself.			

J *Nods in agreement.* It's every day, miss.

R How do you think they are doing?

J They're doing okay. My sister is having the time of her life with her friends here at school. My brother is at home, still looking for a job.

R Who else is there that supports your sister?

J There is my aunties, miss, my uncles, cousins. Basically my whole family supports us all.

R Do you see them often?

J Yes, they almost live where we live.

R What do you think of your sister's teacher?  
Do you think she is also a support to her?

J *Nods in agreement.* Yes. She was at my

Client agrees that he takes a lot of responsibility upon himself  
Client daily takes a lot of responsibility on himself

Client perceives sister to be having the time of her life with her friends at school  
Client's brother is at home  
Client's brother is jobless

Client's sister is supported by extended family members  
Client's whole family support them

Client draws support from extended family living in close proximity

Client's sister gains support

mommy's funeral, so yes, she is a very good support to my sister.

R Wow.

And how are you doing?

J I'm doing okay. Just trying to cope, day by day. But so far I am doing okay.

R What do you do when you get really sad and angry about what happened?

J I just try to calm down, miss. Listen to music; just something that would help me relax.

R Have you tried drawing something?

J Yes, sometimes I draw, miss. Just to get

from teacher: teacher was present at his mother's funeral

Client claims to be doing okay  
Client expressing how he tries to cope daily

Client sharing on managing his emotions: tries to calm down when he is feeling sad and angry

Client sharing on managing his emotions: listens to music when he is feeling sad and angry

Client sharing on managing his emotions: does anything that would help him relax when he is feeling sad and angry

Client sharing on managing his

my mind off things and like get to another place.

R Where is that place where you want to go?

J Anywhere, miss. Sometimes I go to other planets, sometimes I am just in fields, and sometimes I am even a superhero, miss.

R What is your superpower?

J Uh...my superpower is super-strength.  
*Smiles broadly*

R And what is your favourite thing to do with that super-strength?

J *Smiling broadly.* I can pick up buildings, miss.

emotions: at times, client draws something to get his mind off things and get to another place

Client utilises art in management of emotions: draws to imagine going to other planets

Client utilises art in management of emotions: draws to imagine going to fields

Client utilises art in management of emotions: draws to imagine being a superhero

Client's imaginative superpower is super-strength

Client imagines to be able to pick up buildings with his imaginative super-strength

R	And then, what do you find?		
J	I find gold underneath.		Client imagines to find gold when he lifts up buildings with his super-strength
R	Ah yes. Wow.		
J	<i>Looks at MT in expectation of next question.</i>		Client looks at MT in expectation of next question
R	Well, let's go to the music, and let's play a bit of that superhero place where you can go in to. Imagine yourself if you are in that frustrated place and then you go from that place into the superhero place. You can choose any instrument. You can also use the guitar if you want to try that? <i>Setting up instruments.</i> Just imagine yourself in that place of difficulty, just go for it.		
J	<i>Chooses djembe drum, starts playing while MTh is talking.</i>  <i>J is bending over the drum. He plays with flat hands on the centre of the djembe.</i>	Rhythm: e. x iq  MT supports his playing by meeting him on every first beat on the bongo drum.	Client chooses to play djembe as he explores feelings of frustration

*As Jan changes the rhythmic patterns, he starts nodding his head on each off-beat. He keeps looking down, as if focussing on the music.*

MT offers a crescendo, and builds by meeting his last quaver of the bar as well now.

Jan responds with semi-quavers:

jjjqjjq

Jan continues with the semi-quaver pattern in a perseverative manner. MT offers extension.

Jan responds with an off-beat played with both hands.

jjjq x e

and then extends it into jjjq iq

MT offers a simple melodic line.

Jan does not join in the singing.

Quality of drumming is dry but weighted, as he accesses the difficult emotions.

Client responds to MT's suggested shift in the music

Client responds to MT's suggested shift in the music

Quality of client's music is dry but weighted as he explores feelings of frustration

Client resists vocal

R *While the music continues, MT asks:*  
Where are we now in your journey?

J I am trying to calm down, miss.

R You know you can use your voice as well.

Jan leads drumming. Tempo has

	<p><i>Change in his posture: he is becoming more relaxed and is starting to move his head as he looks around the room. This is a shift from him earlier only staring at his hand beating the drum.</i></p>	<p>remained the same, with the rhythmic pattern now being: ijq jq e</p> <p>Jan initiates a shift with a faster tempo and a semi-quaver pattern again: jjjqjjq</p> <p>There is an urgency in the quality of the music.</p> <p>Jan initiates another shift, which brings the intensity of the music down again. He starts looking up – around the room. MT is still playing a musically supportive role.</p> <p>An accelerando brings momentum and new drive in the music. Jan is moving his body to the music, but he seems partially disengaged with it too. He soon brings the tempo down again.</p> <p>Drumming stops.</p>	<p>I am wondering why we haven't changed instruments yet? Am I countertransferentially also stuck on my drum?</p>	<p>engagement in the music but responds with shifted rhythmic pattern</p> <p>Change in posture complimented by change in intensity in the music</p> <p>Client starts looking around the room as his music's intensity declines</p> <p>Client's body movement supports musical content</p> <p>Through musical improvisation,</p>
R	Describe where you are now?			
J	I am at my place, miss. I am relaxed, I am			

my superhero.

R Let's go there, let's be that superhero for a while in the music.

*Changes instruments. Jan chooses two shakers; MTh triangle.*

Jan leads the improvisation: his music is consistent, fast, driven. He plays interchangeably with both hands, with movement of the instruments and seems to be fully engaged in the music.

MTh changes instrument to tambourine, and plays it with big movements, inviting Jan to also use the bigger space. Jan starts moving his body sideways while he plays.

client's exploration of feelings of frustration shifted to feeling relaxed

Through musical improvisation, client's exploration of feelings of frustration shifted to feeling like a superhero

Client chooses shakers when imagining being a superhero

Quality of client's music is consistent, fast and driven in improvisation about being a superhero

Client responds to therapist's visual invitation to bigger movements by moving his body sideways while he plays

<p>R</p>	<p>Yeah, oh yeah, yes oh yes, oh yeah!</p> <p>Do you want to join me in saying this?</p> <p><i>(together): Yeah, oh yeah, yes oh yes, oh yeah!</i></p> <p><i>Jan smiles, laughs, seems encouraged, making eye contact with MT.</i></p>	<p>MTh changes to scraper. Jan remains playing the two shakers, yet he is moving his body more than before. He looks up and seems to be enjoying the music. The quality of the music is energetic and free.</p> <p>MTh adds vocals: "yeah" as if spoken in a rap style. Jan looks up and smiles, looking at MT. After some time, he joins the vocals.</p> <p><i>Yeah, oh yeah, yes oh yes, oh yeah!</i></p> <p>His demeanour changes: he smiles, his body is relaxed and comfortably swaying to the music. The music moves into a ritardando until it comes to an end.</p>		<p>During improvisation of imagining to be a superhero, client makes eye contact and smiles at music therapist</p>
<p>R</p>	<p>Use maybe one word to describe the</p>			

	feeling you have now.
J	Very happy.
R	Very happy. Were you able to go to that place of difficulty using the drum, using the music?
J	<i>Sighs. Yes. Looks away when he answers.</i>
R	Because it is really important that we work through difficult things too. Allow yourself to go there sometimes. It's not bad, it's our emotions so we are going to experience them anyway. You're going to be mad, you're going to be sad, frustrated sometimes, you're going to be irritated. You are going to have all those emotions sometimes. But allowing yourself to go there and using the ways to work through it. Because we get mad at people...that is emotions.
J	Can I? <i>Points to the door.</i>

	Client describes feeling very happy after emotional explorative improvisation
	Using the drum and the music, client says he was able to access difficult emotional place
Music therapist speaking too much; she could have allowed him to reflect on his journey in the music.	MT acts in motherly countertransference: psychoeducational role MT acts in motherly countertransference: not allowing client to speak for himself

R	Yes, sure.			

H. Thick descriptions of video excerpts: Fatima

a. Video excerpt 1: Session 1: Piano improvisation

	Verbal and non-verbal	Musical content	Notes	Theme
	This improvisation follows an art intervention where Fatima was drawing the school and where she would see herself in the picture of the school. We have now moved over to the piano and will explore the drawing in the context of the piano. Fatima is intrigued by the new instrument (piano).			
	<i>F plays with only one hand at a time (first right hand, then changes to left hand). When therapist joins she starts playing with both hands.</i>	Single note passages in a descending pattern; therapist matching client's playing with gentle chords that anchors the improvisation harmonically, alternated with patterns like client's Slight accelerando, but client pulls back to slower tempo again. Client exploring on instrument with stepwise passages.	Client immediately starts playing with one finger when she sits down at piano. Therapist joins soon after.	MTh provides holding through music while client explores on piano  Client extends to playing with both hands when therapist joins  Client playing with gentle quality when she explores new instrument
R	Let's just play on the black notes.			
F	Where's the black notes?			
R	<i>Shows F where the black notes are.</i> You can play with			

<p>F</p>	<p>both hands.</p> <p><i>R matches F's playing and works towards establishing a shared pulse and harmonic grounding.</i></p> <p><i>F starts exploring with bigger range: moves into playing where R was playing before. She does not display acknowledgement of R's playing: remains autonomous in her playing.</i></p> <p><i>R adds a vocal layer to the improvisation, matching the style and key of the improvisation: La, la, la...</i></p> <p>It's my first time on the piano</p>	<p>F starts playing: quality of her playing is gentle, soft, irregular and moving in ascending and descending motions.</p> <p>F's playing is mostly sequences of big two-note intervals.</p> <p>R's matching remains in a lyrical style. F does not show a musical response to this.</p>	<p>MTh's playing could have perhaps adapted a more playful style, which would have invited client into musical conversation.</p> <p>Speaking while she continues to play.</p>	<p>Client follows MTh's suggestion for playing on black notes of piano</p> <p>Client explores freely on instrument while MTh creates musical holding</p> <p>Client explores greater range on instrument when matched by MTh</p> <p>Client playing with autonomy</p>
----------	--	--	---	---

R	It is your first time?	<p>F plays a short phrase, R mirrors this back to her, and F continues with an extension of the musical phrase. R further extends this with a playful ascending glissando. A musical conversation emerges, with F who now explores with a greater range of notes and in her engagement with the instrument. She would explore, then stop in anticipation of R to answer through her music. At times F makes eye contact with R and smiles.</p> <p>F plays a long section with a descending pattern, slowing the tempo down and then looks at R when she stops.</p>	<p>Here the playfulness with what therapist meets client's playing brings the shift in client's playing to bring mutuality and shared experience.</p>	<p>Playful musical style invites client to explore with greater range on instrument</p> <p>Playful musical interaction gives way for development of client-therapist relationship</p> <p>Client allows her playing to be extended by MTh's modelling</p>
R	What did that song sound like?		<p>Therapist's intention with question was to move into imaginative realm, but due to how it was asked, client could have understood it concretely.</p>	
F		<p>F does not answer verbally; plays a</p>		<p>Client chooses to play answer on</p>

		similar descending pattern on the piano again. She ends and looks at R again.		instrument rather than give verbal answer Client engaging concretely with MTh's questions
R	Does it sound like something for you?			
F	A song.			Client labels exploration on instrument as a song
R	And does the song have a name?			
F	No, it doesn't have a name.			Client engaging concretely with MTh's questions

b. Video excerpt 2: Session 2: Art intervention reflection and goodbye song

	Verbal and non-verbal	Musical content	Notes	Theme
			Fatima was drawing a picture of her family. See picture attached.	
R	So, tell me about your picture.	No musical content; verbal reflection on art intervention		
F	We are at the beach.			When asked to draw a picture of her family, client draws them at the beach
R	And who is with you?			
F	Me and my daddy and my two brothers.			<b>Client's</b> picture of family first includes only direct family members
R	And you're holding each other's hands?			
F	<i>(speaking about them holding hands: naming each person holding the next's hand: refer to picture)</i>			
R	Which one is <i>{name of brother}</i> ?			
F	That one. <i>Points</i> . And that is my other brother. <i>Points</i> .			
R	Is this a happy day?			
F	Wait, I didn't draw my other mommy. She is getting married to my daddy.			Changes picture of current, direct family to also include new

*Fatima now changes the figure that she drew as herself, standing next to her dad, into his new wife. She adds two smaller figures of girls and one of a boy in the picture.*

R *While she draws the other young girl:* How old is she?

F She's like me.

R Is she in this school?

F No.

R And do you like her?

F We play a lot but we argue too much.

R And do you like her mom?

F Yes.

R Are you happy that your daddy is going to marry her?

F She's going to be my real mommy and she's going to look after me like my mommy did.

step-family members

Client changes picture that represented herself into her new stepmother

Client shares on relationship with new step-family

Client shares feelings about her new stepmother

Client acknowledges father's new wife as becoming her real mommy

Father's new wife will look after her like her mommy did (before

R And when is daddy going to marry her?

F *pause*

They are going on a honeymoon. And then they are going to stay there for three weeks and then she is going to come stay by us.

R Do you miss your (*hesitates*) mom? Your other mom?

F *Knods*

I still miss her.

R Do you think of her often?

F *No answer*

This is me.

R

F .....(unclear content)

My other mommy, before she was dead she used to say we mustn't miss her when she is gone.

R Did she know that mommy? *Points at "new mom" in picture.*

F That is my new mommy.

R Did you know her before you mommy died?

she passed away)

Client shares on practical arrangements about father remarrying

Client shares how she still misses her mom that passed away

Client acknowledges herself in picture

Mom told family not to miss her after she has died

Client acknowledges father's new wife as her new mommy

F We did, yes.  
R Was mom and dad separated?  
F No, they didn't.  
R How did mom die? Was she sick?  
F *Turns away. Shrugs. (indicating that she does not know how her mom died)*  
R Did you expect it, or did it come as a shock?  
F No, not a shock. She said goodbye... (...unclear content)  
  
*Long pause*  
R I am sorry. I know that she loved you a lot.  
F *Knods in agreement.*  
  
R Shall we do one more song before you go back to class?  
F *Shrugs.*  
R Maybe one little one? Then you can do the strumming for the guitar.  
*Moves over to the guitar.*  
So you can do the fingers if you want to?  
F *Fatima sits down in front of music therapist and*

Without hesitation,

Client not sure what reason for mother's death was

Client was not shocked when her mother died  
Mother said goodbye before she died

Client assured of mother's love for her

Without hesitation, client

	<i>guitar.</i>		Fatima sits down on a djembe drum right in front of the guitar. This creates an intimate musical and holding space.	positions herself in close proximity to MTh creating an intimate musical and holding space
R	<p><i>Singing and changing chords slowly, matching Fatima's strumming:</i></p> <p>Good-bye Fatima  It was good to have you here  Good-bye Fatima  It was good to see you here</p> <p>I'll see you again tomorrow (x2)</p> <p>Good-bye Fatima  It was good to have you here  Good-bye Fatima  It was good to see you here</p>	Quality of the music is holding; with client's slow strumming and therapist's singing that matches this, a lullaby-like musical atmosphere is created.	The comforting and holding qualities of the lullaby-style goodbye song plays a soothing role after Fatima has just shared about how she thinks about her mom often and how she is now getting a "new mom" when her father will get married.	After client has shared about missing her mother and feelings about getting a "new mom", client and MTh shares intimate joint musical engagement  MTh provides holding environment through the music after client has shared about family relations
F	<i>Looks up into therapist's eyes at the end of the song and smiles</i>		Client makes eye contact for the first	After a joint musical engagement, client makes eye

			time in the session	contact for first time in session

c. Video excerpt: Session 3: Reflection on art and goodbye song

	Verbal and non-verbal	Musical content	Theme	Notes
	<i>This reflection follows an art intervention where Fatima drew five pictures in five circles. Every time the music changed, she would move on to start drawing in the next circle. Thus five pictures that had five contrasting pre-recorded tracks playing when they were created.</i>			
R	If you could give any one of these (circles/pictures) to your dad as a gift, which one would you choose?	No musical content: verbal reflection after art intervention		Client continues to draw and fiddle with the crayons and pictures as she answers the questions
F	<i>Reflects, and then points to one of the pictures.</i>			
R	Why would you give him that one?			
F	Because it looks nice.		Client wants to give father a picture that looks nice	
R	And if you could give one of them to your mother?			
F	My new mother?	When asking client which picture she would like to give to her mom, client suggests giving it to "her new mother", whom her father will be marrying		
R	Ja.			

F	<i>Without hesitation:</i> I would give her this one ( <i>points</i> )	Client assured of picture she wants to give to her new mother	There is a lot of noise from outside the therapy room that distorts the recording
R	Why would you give her this one?		
F	It looks like her. {unclear content: speaking about her father getting married again}		
R	Yes, and are you happy about that?		
F	<i>Knods in agreement.</i> It's my mommy's wedding.	Client refers to father's upcoming wedding as "my mommy's wedding"	
R	When?		
F	<i>Long pause.</i> I'm not sure.		
R	Are you excited about the wedding?		
F	<i>Knods in agreement.</i>	Client shares her excitement that she is excited about the wedding	
R	And what, do you think, will your other mommy say about it?		
F	{unclear contents}		
R	Do you know where she is, now that she died?		
F	She's with Allah.	Client assured that her deceased mother is with	Client stops drawing and looks at MTh.

R And do you think that she is happy there?  
F *Knods in agreement. (makes eye contact)*

R Are you going to go there too?  
F *Knods in agreement.*

R Do you sometimes go to her grave?  
F Yes. We sometimes go to her grave.

R When do you go?  
F No, I don't know when was that. I think it is on a weekend. {Some unclear content}

R Let's play and then we are going to say goodbye.

Allah

Client assured that mother is happy being with Allah

Client makes eye contact when she speaks about her mother being happy with Allah

In music therapy, client shares beliefs about afterlife

Client shares about going to mother's grave

Clients slips off chair and reaches for tambourine, perhaps suggesting musical engagement. Client strums guitar's strings before she hands it

R	Do you want to do the strumming again?			to MTh and picks up different clients.
F	<i>Hands me the guitar. Kneels down and picks up two shakers: one in each hand. Starts playing the shakers while kneeling down. Soon exchanges shakers for a bell and stands up.</i>	Music has a march-like tempo and quality.	After sharing information of family, client's music has march-like tempo and quality	
R		MTh matching her tempo and quality with guitar strumming.		
F	<i>Sits down on chair while playing; not making eye contact. Seems to be focussed on the instruments more than on the music-making. Looks around, out of the window, while also moving her body to the beat of the music.</i>			Although her body is rocking, client seems not to be focussed in the music
R	R starts singing: "Da-da-da-dada". Then she starts singing the goodbye song:  Good-bye Fatima, It was good to have you here Good-bye Fatima, I'll see you next time	The music has a holding quality. MTh changes metre to 3/4- time.		Some of client's beats are with syllables sung in song. Displays knowledge of the usual goodbye song.

F	<i>Attuned to the change in metre, body rocking adapts to change in style of music. Still no eye contact with MT; focussing on instrument.</i>		Client's rocking changes when metre in music changes
R	<i>Singing:</i>  Good-bye Fatima, It was good to have you here Good-bye Fatima, I'll see you next time		Client resisting eye contact by focussing on instruments
F	<i>Looks up when she expects song to be finished.</i>		
R	Do you want to sing with me?		
F	<i>Smiling; shakes head declining invitation.</i>		Client resists joining MTh in singing with her
R	One more time? or we can sing on "La-la"? Let's sing on "la-la".		
F	<i>Shakes head: I can't sing.</i>		
R	<i>Singing slowly, inviting Fatima.</i>  La la, la la la.... (melody and rhythm of		

	<p>goodbye song)</p> <p>F <i>Still looking down at instrument, but visibly aware and present in the music. Looks up at MTh, shakes head again declining invitation to sing along.</i></p>	<p>When the music ends, she plays one last beat on the bell and looks at the instrument before she looks up at MTh.</p>	<p>Client shows autonomy in playing last beat after song has finished</p> <p>Client's autonomous ending is followed by eye contact with MTh</p>	

