

**The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse: a multiple case study**

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## **Abstract**

Child sexual abuse (CSA) is prevalent in South Africa and, along with the stigma often endured following the abuse, can have lasting effects on sense of self. There have been few studies into how survivors of CSA construct identity or, specifically, how music therapy may afford such construction. Using a multiple case study design, this research investigated how three adolescent survivors of CSA, who took part in individual music therapy processes, constructed their identities through the techniques afforded them in sessions. All three participants had experienced multiple trauma, most notably abandonment/orphanhood, and this appeared to impact on their exploration of identity in sessions. Findings showed that the main affordances of music therapy for participants were the mastery experienced in relation to certain techniques (which appeared to support confidence and further exploration), and the use of symbolism (promoting the exploration of difficult experiences, as well as affording participants experimentation with preferred identities).

**Keywords:** music therapy, child sexual abuse, identity exploration, identity construction, stigma, discourse

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# CHAPTER 1

## Introduction

### 1.1 Background and Context

There is a high prevalence of sexual abuse in South Africa, with 28 128 cases of child sexual abuse (CSA) reported in 2010/11 (DSD, DWCPD, & UNICEF, 2012). The report by the South African Department of Social Development in collaboration with the Department of Women, Children and People with Disabilities, and UNICEF (2012) suggests that this number represents only a ninth of all actual cases. Jewkes, Penn-Kekana, and Rose-Junius (2005) discuss community reactions to CSA in southern Africa, showing that the threat of social stigma often causes cases to go unreported. Stigma isolates the survivor<sup>1</sup>, who is often seen as responsible for the violation (Jewkes, et al., 2005). Social stigma can also have severe effects on stigmatised individuals' sense of self. Their own ideas of themselves are influenced by their internalisation of the views of others (Link & Phelan, 2001).

Sense of self may also be undermined by the actual experience of abuse, which has the power to redefine the survivor's identity (Clarke, 2008). Therefore, survivors face the effects of the event itself, *and* the social stigma accompanying it, both of which can impact upon their identities. In cases where music therapy has been used as an intervention with survivors of sexual abuse, "sense of self" or identity is one common theme that has been recorded (Amir, 2004; Roberts, 2003). However, it has not often been addressed as the main focus of research.

### 1.2 Key concepts

The key concepts that are important for this study are as follows:

Music therapy: Although there are various definitions of music therapy, depending on the contexts in which it occurs, Wigram, Pedersen, and Bonde (2002) discuss it as the clinical use of music with clients with psychological, educational, physical, or social needs. Music therapy is used to increase quality of life through various techniques, such as improvisation and song-writing, within a therapeutic relationship with a trained music therapist.

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<sup>1</sup> The term "victim" suggests passivity and helplessness. It refers to one who is acted upon. The term "survivor" constructs the individual who has had this experience as holding more agency (Link & Phelan, 2001).

Child sexual abuse (CSA): This term refers to sexual abuse perpetrated against a minor (0-17 years) by an adult or more powerful minor. From the previously stated statistics, as well as a number of studies addressing the issue and its effects<sup>2</sup>, it is clear that CSA is prevalent within South Africa. There is an ongoing need to develop intervention strategies.

Stigma: Although there are various definitions of stigma, Link and Phelan (2001) state that there are aspects common to all cases: “labelling, stereotyping, separation, status loss, and discrimination” (p. 367). Stigma surrounding survivors of sexual abuse, whereby survivors are often blamed, is one important reason why survivors choose not to report abuse (George & Martinez, 2002). They may be labelled as instigators; future prospects may be undermined (for example, a girl may be made to marry her rapist); they may be ostracised among their peers; and because of the power relations between adult males and children in a patriarchal society, they are often unable to speak out against their abusers (Jewkes et al., 2005). Survivors may also be stigmatised by law enforcement officers, making it difficult to report abuse (Rumney & van der Bijl, 2010). This social stigma is further enhanced by internal stigma, where external stigma is internalised and may affect individuals’ ideas about the self (Link & Phelan, 2001).

Discourse: Discourses are sets of meanings and representations that produce a specific version of reality and perpetuate sociocultural norms (Burr, 2015). The term “discourse” often refers to spoken or written language, but Gee (2011) describes the difference between “discourse” and “Discourse”, where discourse is language-in-use, and Discourse refers to a broader expression of who we are and what we do (including language, music, symbols, tools, clothing, and objects).

Identity: From a social constructionist perspective (which this study takes), identity is seen as knowledge about, and performances of, the self that are formed according to social, cultural, and historical factors, through discourses (Weinberg, 2012). Discourses perpetuate sociocultural norms, such that individuals’ identities are constructed in terms of social discourses culturally available to them, and which are drawn upon through communication with others (Burr, 2015). As discussed, sociocultural processes perpetuate the stigma surrounding survivors of sexual abuse (Jewkes et al., 2005). Therefore, if identity is constructed through social exchanges that are infused with stigma, then we see clearly how stigma can play a role in informing individuals’ constructions and performances of their identities (Link & Phelan, 2001).

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<sup>2</sup> For example, see Jewkes and Abrahams (2002); Jewkes, Levin, Mbananga, and Bradshaw (2002); and Jewkes et al. (2005).

Exploration of identity: From a social constructionist perspective, identities are formed through the social discourses available to individuals, and they continue to be constructed as individuals accept, reject, and explore available discourses (Howard, 2000). As such, identity is not static, but changes over time. Exploration of identity, in this case, refers to a process whereby individuals reflect on how their identities are constructed in response to current available discourses, and whether these identities are satisfactory to them. If not, they may choose to experiment with different identities that they find more appealing.

Construction of identity: Proceeding from the exploration of identity, if an individual finds her/his identity unsatisfactory, s/he can consider other available discourses through which to construct an alternative identity (Howard, 2000). In relation to the current study, I separated exploration of identity from construction of identity in order to incorporate both possible experiences. Participants who explored their identities within the therapy setting sometimes found them satisfactory, or otherwise decided to explore constructions of preferred alternative identities.

### **1.3 Aims**

My aims for this study were exploratory in nature. The research involved a multiple case study to investigate possible roles of music therapy in the exploration and construction of identity by adolescent survivors of CSA. I hoped to add to the existing literature in this area, especially in the South African context.

### **1.4 Research questions**

This study was guided by the following research questions:

- (i) How do the adolescent survivors of CSA who participate in the study use music therapy as an affordance for identity exploration?
- (ii) How do the adolescent survivors of CSA who participate in the study use music therapy for identity construction and, particularly, are they able to construct their identity through music therapy in preferred ways<sup>3</sup>?

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<sup>3</sup> In cases of preferred identity, this must relate to ways deemed preferable by the participant, not the therapist.

## **1.5 Overview of dissertation**

In Chapter 2, I present a literature review, focusing on CSA (generally and in South Africa). I provide an overview of identity and stigma from a social constructionist perspective in relation to CSA. Existing literature regarding the use of music therapy with survivors of CSA and the exploration and construction of identity is also discussed. Additionally, I explore research on complex trauma and its effects.

Chapter 3 provides the research methodology. In this chapter, the chosen qualitative methodology is described and explained, along with the methods of data collection and analysis. I also outline the sampling method and procedure, as well as the research quality and ethical considerations.

In Chapter 4, I describe the process of data analysis and present the findings, while Chapter 5 provides a discussion, in relation to the research questions, of the different discursive themes that were identified through the data analysis as used by the participants in the construction of identity. Finally, in Chapter 6, concluding comments are made, including a discussion of the limitations of the study and recommendations for future research.

## **CHAPTER 2**

### **Literature review**

In this literature review, I look at existing research to ascertain what studies have been conducted in various areas relevant to my research: effects of CSA, CSA in South Africa, coping and resilience, sexual abuse and identity, and music therapy with survivors of sexual abuse.

#### **2.1 CSA, its effects and treatment procedures**

Jonzon (2006) provides an overview of CSA, its effects, the issues around disclosure, and the importance of social support to reduce negative outcomes in adulthood. She used semi-structured interviews and questionnaires with 152 participants in Sweden, who had experienced CSA, and the data were analysed using a mixed methods design. Jonzon found that common consequences of CSA include depression, anxiety, low self-esteem, dissociation, posttraumatic stress disorder (PTSD), sexual problems, and somatic symptoms, such as gastrointestinal disorders. Symptoms were worse if the abuse was considered severe, or the child was subject to cumulative trauma (multiple sources of abuse or stressful life events). Outcomes following CSA are largely determined by the interaction between individual and environmental conditions, with strong social support correlating with more positive outcomes. Additionally, the study found that the circumstances around the disclosure were more prominently connected to outcomes than the abuse characteristics. Many survivors do not disclose their experiences for fear of being stigmatised, and many who do are met with negative responses, resulting in victim-blaming and poorer health outcomes. However, Jonzon also writes that, regardless of initial reactions and immediate outcomes, it is still possible to receive adequate social support later in adulthood, such as through support organisations in which survivors are able to begin to alter the victim identity.

Lev-Wiesel's (2008) paper provides a critical examination of existing literature on treatment intervention strategies for CSA, but also offers a specific description of dissociative disorders, which are more prevalent in survivors of CSA as compared to survivors of other kinds of trauma. While the accuracy of CSA statistics may be questionable, as many survivors do not disclose their experiences, it is widely assumed that one in three or four children, internationally, experience CSA. As opposed to other types of trauma, CSA involves violation of the child's body, as it includes penetration. The body, therefore, is no longer a safe place, and for many survivors, escape is only possible in the mind. This may then contribute to the statistics discussed by Lev-Wiesel that claim that about 80% of adult survivors of CSA experience dissociative disorders (among other symptoms). Dissociation is a mental process that results in

a disconnected sense of self, so that certain mental processes that should be connected are separated, resulting in certain systems operating independently of one another. This allows the individual to separate her/himself from the effects of abuse, but also causes fragmentation of the self and, along with social factors such as victim-blaming, further prevents the survivor from talking about and processing the experience. This leads to continued dissociative disorders later in life. At times, these include dissociative identity disorder, which results in two or more distinct personalities within one person. Lev-Wiesel calls for more specialised treatment modalities for survivors of CSA, as most modalities used have been developed for general trauma, not sexual trauma specifically. She proposes that specific treatments should focus more on the issue of the body no longer being “home”, and the body and self being perceived as weak and worthless, resulting in lack of hope for the future. According to Hubbuck (2009), apart from its value in being able to express difficult emotions, artistic play (as can be provided by music therapy) can afford clients the opportunity to create something meaningful with their bodies, showing them that their bodies are still valuable and able to provide them with enjoyment, which in turn influences their sense of self. This embodied component of music therapy (among other components), makes it a relevant means of therapy in cases of sexual abuse, affording it the possibility of increasing hope.

Putnam (2003) refers to hopelessness as a common effect of CSA, writing that it should be addressed in conjunction with other more salient effects, such as poor affect regulation, in order to provide more holistic treatment methods. His paper provides a review of ten years’ worth of articles comprising empirical data pertaining to CSA, recording statistics, risk factors, symptoms and disorders, and treatment and prevention methods. Although he discusses a range of effects of CSA, the most prevalent symptoms recorded are depression in adults and sexualised behaviour in children. Other resulting adult mental health conditions include somatisation disorder, borderline personality disorder, PTSD, dissociative identity disorder, substance abuse disorders, and bulimia nervosa. Additionally, CSA can affect neurobiological development, negatively impacting on the hypothalamic-pituitary-adrenal axis (HPA), the sympathetic nervous system, and possibly the immune system. Putnam also raises the question of child survivors of CSA who present asymptotically (about 40% of survivors present with few to no symptoms). He writes that these children may not be provided with therapeutic intervention right away and are more likely to deteriorate over time. This would suggest that immediate treatment should be provided regardless of presentation of symptoms, but it is difficult to develop treatment plans when there are no symptoms present. Putnam suggests that such children should at least be assessed for additional risk factors, such as family substance abuse and mental illness, and a psychoeducational intervention should be implemented to educate parents, clarify feelings, and prevent further victimisation.

Finally, van der Kolk (2005) discusses complex trauma in children. This takes place where children are subject to multiple developmentally-adverse traumatic events often perpetrated by a relative or acquaintance (including sexual and physical abuse, neglect, family dysfunction, abandonment, traumatic loss, and exposure to violence). Therefore, complex trauma can involve CSA. The effects of complex trauma, including abuse, are described similarly to the above-mentioned effects, including more adverse trauma resulting in more severe consequences (Jonzon, 2006; Lev-Wiesel, 2008; Putnam, 2003).

Van der Kolk goes on to write that there are insufficiently descriptive diagnostic tools for children who have experienced complex trauma, and such children are often diagnosed with PTSD, even though they may not meet diagnostic criteria for such a diagnosis. Additionally, later in life, they may be diagnosed with various other mental health disorders, resulting in treatment of symptoms independent of one another or the individual's traumatic history. This seems to suggest, as does Lev-Wiesel's (2008) article, that new methods of treatment, and in this case diagnosis, need to be developed specifically in relation to sexual and complex trauma. Regarding diagnosis, the main subject of van der Kolk's article, the author suggests a provisional "developmental trauma disorder", based on the idea that complex trauma results in consistent and predictable effects that impact on many areas of functioning<sup>4</sup>.

Regarding treatment interventions, van der Kolk (2005) emphasises safety and competence (providing a safe, fun space where the child can competently develop healthy reactions to everyday events, without engaging in fight/flight reflexes); handling traumatic re-enactments (caregivers and health workers recognising the possibility and effects of re-traumatisation in order to try to avoid it); and integration and mastery (to be in control, participate in focused efforts, and achieve goals). Mastery is a physical experience, as is the abuse, and therefore it is important in offering the child a different experience of her/his body. As mentioned previously, this can be addressed through music therapy, making it a useful treatment method in cases of CSA. Such effects of music therapy with survivors of CSA are further discussed in section 2.6.

## **2.2 The South African Context and Complex Trauma**

Mathews, Loots, Sikweyiya, and Jewkes (2012) provide an overview of CSA in South Africa, addressing prevalence, social context, psychological consequences, and South African policies. Drawing from previous studies, they report that between 2006 and 2008, the total percentage of

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<sup>4</sup> For a richer description of this provisional diagnosis, see van der Kolk (2005).

children who reported CSA rose from 32.7% to 44.4%. Health risks are also discussed, showing that CSA is associated with sexually transmitted infections (STIs), depression, suicidal thoughts/attempts, antisocial and violent behaviour, dissociation, PTSD, and reduced brain development, among other outcomes. The role of gender in South African society is also important, with sexual abuse of girl children often going unchallenged due to their low status in comparison to adult men. Similar results regarding gendered status were also found by Jewkes et al. (2005), who interviewed 77 people in Windhoek and Mpumalanga, and found that although CSA is detested, it is often not contested due mainly to patriarchal systems in which girls have no power. Both Jewkes et al. (2005) and Mathews et al. (2012) also claim that most child survivors who do report abuse do not do so immediately for fear of being blamed.

Mathews et al. (2012) discuss treatment following CSA. Adequate treatment programmes are not available in non-urban areas and, even when they are available, they often approach CSA from a medico-legal perspective, with limited psychological therapy offered. Survivors must also face stigmatisation and insensitive healthcare workers, which affects effective treatment (Mathews et al., 2012). The issue of untrained healthcare workers is also addressed by Christofides, Muirhead, Jewkes, Penn-Kekana, and Conco (2006), who conducted interviews with 319 women. Their participants were split almost evenly between rural (Thohoyandou) and urban (Cape Town) residents. Half the group were survivors of rape, and the other half were comparable, matched women from the same areas, who were included in the study in order to ascertain whether they, as potential future users of the healthcare services, would show similar or differing priorities to those who had experienced rape. The interviews focused on the participants' preferences for treatment following rape (or potential rape on the part of the comparable participants). Results show that access to prophylactic treatments, and the presence of sensitive healthcare workers able to offer counselling, were most important to the participants (both survivors and comparable women). Although this study focuses on adult women, it does support the need for empathetic health care workers, as does Mathews et al. (2012).

Williams et al. (2007) provide a two-year survey of lifetime prevalence of trauma and multiple traumas in South Africa. Using multiple regression analysis, they assess links between trauma and distress. 4351 adult participants of various demographics were interviewed in relation to 28 potentially traumatic events. Almost 75% reported having experienced at least one trauma, with the most common trauma being unexpected death of a loved one. However, after this, numerous other traumas were cited, such as witnessing trauma, intimate partner violence, and having one's life threatened. While child abuse and sexual assault were not as frequently cited, they were present in the data, especially among women participants who hold lower societal

status than men. Additionally, 55.6% of participants reported having experienced multiple traumatic events, revealing the high prevalence of complex trauma in South Africa. The study also found that those who had experienced the most traumatic events were five times more likely to be distressed than those with no trauma, leading to clinically relevant disorders. The authors call for future research to assess multiple forms of traumatic events, writing that traumas usually do not occur in isolation, but that previous studies have not examined multiple traumas simultaneously. Therefore, even in cases of CSA, it is possible in the South African context that survivors may be subject to other forms of trauma, which could increase the long-term negative effects of the trauma.

### **2.3 Coping, Resilience, and Posttraumatic Growth**

Bonanno (2004) explores resilience in the face of adverse and traumatic situations. He writes that resilience, which allows for the continuation of positive emotional experiences and reduced impairment to functioning ability, is common and largely underrepresented. This is due to the fact that most of the data regarding effects of trauma have been gleaned from individuals who have sought treatment or displayed great distress. The author reviews previous research in order to argue that resilience is more widespread than is believed, and that there are multiple pathways to resilience. He writes that resilience is common in children who have experienced traumatic events, such as CSA, and that it is distinct from recovery, in that recovery denotes a deviation and then return to normal functioning, while resilience applies to the individual's ability to maintain equilibrium. This allows children to experience positive outcomes following traumatic events, but has often been pathologised in research as, traditionally, people who have undergone trauma are expected to display certain symptoms, and work through them with professional help. Bonanno goes on to review various pathways to resilience, including hardiness; self-enhancement; repressive coping (in this case, women who had experienced CSA and exhibited repressive coping, often considered maladaptive, were less likely to voluntarily disclose their abuse, but displayed better adjustment than other survivors); and positive emotion and laughter (which, while possibly seen as a form of denial, also predicts better adjustment and social relations over time).

Focusing specifically on resilience and recovery following CSA, Banyard and Williams (2007) conducted open-ended interviews with eighty women. They interviewed each participant three times between adolescence and young adulthood, regarding life satisfaction, coping, and social connections. The data were analysed using Pearson correlations and multiple regression analyses. The authors found that lower resilience correlated with increased risk of re-traumatisation in later years, while earlier resilience correlated with more positive coping later

on, as well as greater life satisfaction. Positive functioning was associated with social role satisfaction and an optimistic sense of community, showing the importance of social aspects of resilience/recovery in shaping individuals' functioning ability. The findings also demonstrated that, in the case of these participants, survivors' narratives portray resilience and recovery as dynamic and on-going processes, not necessarily linear ones. This suggests (in line with Bonanno's (2004) contention) that there are multiple pathways to resilience and recovery, and recognising individuals' abilities to experience positive growth following CSA.

A study by Simon, Smith, Fava, and Feiring (2015) incorporated semi-structured interviews to explore posttraumatic change (PTC) in survivors of CSA. They structured these interviews in terms of how PTC had affected participants' psychosocial development. PTC relates specifically to the abuse, and how survivors make sense of its implications in their lives, relationships, and worldviews. It can be positive and/or negative. The authors found that negative PTC was more prevalent among the 160 youth participants (73% of whom were female) six years after the abuse occurred. However, they also found that the co-occurrence of positive and negative PTC is possible and often does occur. The study revealed that stigma, along with PTSD, does affect survivors' processing styles, and can contribute to negative PTC. The article addresses the fact that survivors actively engage in trying to make meaning of their experiences, but it does not describe the ways in which this meaning-making occurs. My research adds to this pool of knowledge, offering a social constructionist view on how survivors' identities are constructed according to available social discourses.

McElheran et al. (2012) focus on models of posttraumatic growth (PTG), addressing the process of recovery instead of only looking at the negative effects of CSA. Their research contends that it is important to understand how some survivors do experience positive PTC. This could help in the development of psychotherapeutic treatment approaches that help other survivors experience PTG. The authors explore domains where PTG can be seen, such as personal strength and the ability to form meaningful interpersonal relationships. They work from previous studies to develop a model specific to child and adolescent survivors of CSA. The article contends that PTG should be considered as an outcome in clinical practice, instead of focusing only on negative effects of CSA, and that this may maximise positive outcomes in a shorter space of time. Music therapy is a clinical field that acknowledges individuals' ability to grow, and works from this perspective in practice (Ansdell, 1995). As such, it offers a possible therapeutic option for child and adolescent survivors of CSA, where PTG is considered as an outcome.

## 2.4 Sexual Abuse and Identity

As discussed in the introduction to this dissertation, a social constructionist perspective views identity as self-knowledge that is constructed according to social, cultural, and historical factors (Weinberg, 2012). Our identities are therefore constructed according to social discourses, sets of meanings and representations that are perpetuated through social interaction and produce a specific version of reality (Burr, 2015). We can only use (and resist) discourses that are socioculturally available to us (Burr, 2015). Sociocultural processes perpetuate the stigma surrounding survivors of sexual abuse, whereby the survivor is seen as responsible for the abuse (Jewkes et al., 2005). From a social constructionist view, then, socially perpetuated stigma has the ability to inform individuals' negative constructions of their own identities (Link & Phelan, 2001).

There seem to be few studies that focus specifically on the exploration and construction of identity by survivors of sexual abuse. Research that has been conducted discusses survivors' experiences and the development of symptoms following sexual abuse, such as dissociation (Christofides et al., 2006; Lev-Wiesel, 2008; Mathews et al., 2012; McCauley et al., 1997). According to the *Diagnostic And Statistical Manual Of Mental Disorders Fifth Edition* (American Psychiatric Association, 2013), "dissociative disorders are characterised by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour" (p. 291). Therefore, by addressing dissociation, previous studies do recognise identity as being affected by the act of sexual abuse. Identity itself, however, is not the main focus in most studies, which, while referencing it at times, mostly address other aspects of sexual abuse. Additionally, identity in cases of sexual abuse has not been widely addressed from a social constructionist perspective.

One study that has focussed specifically on the area of identity was conducted by Clarke (2008). She provides a content analysis of existing literature, especially feminist literature, and what it has neglected in terms of survivors' experiences. She includes her own story as a survivor, detailing how her assault redefined her identity. Although she addresses identity as affected by the actual event, she does also claim that societal pressure to remain silent pushes the survivor to identify more as "victim" than "survivor". How survivors define themselves in relation to the event is important in understanding their experiences and constructing their identities (Clarke, 2008).

Naples (2003) provides a materialist feminist analysis of "survivor discourse", using existing literature to look at the practices that result in only some people being able to speak or be

heard. Although she does not focus specifically on identity alone, she does discuss how the reframing of the self from “victim” to “survivor” is a personal process, most often defined in terms of *how* survivors “speak out”, and the types of discourses they draw on when talking about their experiences. Positive and relevant discourses must be made available to the survivor for her/him to engage in the performance of “survivor narratives” (Naples, 2003). Therefore, Naples recognises that the extent to which survivors are able to engage in these discourses (that help to construct their identities) is determined by sociocultural factors. This seems to support the idea that the societal pressures (such as stigma) that encourage survivors to remain silent do play a role in the construction of identity following sexual abuse.

Nair, James, and Santhosh (2015) conducted a study with 252 adolescents in Kerala, India, in order to explore whether CSA can negatively affect identity in adolescents, and whether social support and parenting style have the ability to reduce the negative effects. There were 82 males and 170 females who participated in a number of tests in order to ascertain each one’s level of identity crisis, perception of their parents, perception of available social support, and intensity of their experience of CSA. Findings confirmed that there is a correlation between CSA and identity crisis, but that the effects can be reduced by social support. This study uses a quantitative approach in order to explore correlations, but does not explore the reasons behind the correlations. From a social constructionist viewpoint, it could be argued that it is the discourses drawn upon within the “social support” given to survivors that help the construction of identity in a more positive light. In my research, the discursive themes used by survivors regarding identity were explored, providing an in-depth look at how these themes influence identity construction.

Warner (2001) uses a qualitative, poststructuralist approach to provide a critique of therapeutic practices with women who have experienced CSA. She addresses the ways in which therapy with survivors is conducted, challenging traditional notions of survivors as “guilty victims”. She utilises a narrative approach, looking at how identity and knowing may be constructed by experiences of abuse and therapy, and socially determined understandings of these experiences. The study advocates for socially informed therapy, as each individual’s experience is situated within her/his context, which cannot be ignored. My research also recognised the importance of context, as context provides the discourses available to individuals through which their identities are constructed.

## 2.5 Music Therapy with Survivors of CSA

Strehlow (2009) claims that, in recent years, music therapists have become aware of how music therapy can be used as an intervention in cases of CSA. Her article uses existing literature to contextualise CSA in Germany, and specifically in the institution within which she works. She then provides a case study of analytical music therapy with an eight-year-old girl who had experienced CSA. The case study is presented in six sections, each offering a short description of a particular musical moment, followed by the researcher's interpretation. Musical moments seem to have been chosen based on the girl's autonomous actions (for example, moments when she shows the researcher what to do, or initiates the music). A strong focus is placed on the child's relationships, especially with family and therapist. This study focuses on providing the opportunity for the girl to learn to cope with the experience and be able to express herself in a safe space, with an emphasis on how she learns through therapy to trust herself more.

Robarts (2003) provides a case study of an eleven year-old girl, Lena, who had been sexually abused in early childhood, and the role of improvised songs in music therapy in working towards a "more emotionally expressive and authentic sense of self" (p. 1). Her focus is on the development of self-regulation and meaning with Lena through music therapy. Lena's psychological processes were presented metaphorically in improvised songs, and were worked on within the metaphors that acted to contain her experiences. For example, her lyrics contained emotions and metaphorical images that seemed to emerge from an unconscious space and, within the songs, these emotions could be addressed without causing Lena to directly confront them. This provided a healing process through which she could face her emotions and experiences without becoming overwhelmed by them. Her self-worth improved, and she developed a more integrated sense of self (Robarts, 2003). Robarts adopts a developmental framework, while also recognising the use of psychodynamic principles when working with metaphor.

Like Strehlow (2009), Amir (2004) also adopts a psychodynamic view in a case study on music therapy with a 32 year-old survivor, Lisy. Although this study focuses mainly on the role of clinical improvisation in addressing trauma, it does claim that most people who are abused lose touch, to different degrees, with their inner selves. Amir encourages clients to use music to explore their unconscious feelings, bringing them to light in order to work through them. Her work with Lisy began by addressing problems of intimacy, fulfilment, health, and concentration. However, through musical improvisation, she was able to access her unconscious memories, bringing to light the memory of being sexually abused when she was young. Lisy felt guilty, dirty, and shameful, but through the control she found in improvisation, and the music's function as

container of her negative emotions, she was able to make progress in her goal areas, which led to a more desired sense of self. In my social constructionist study, instead of exploring the “inner self”, I examined how identity can be constructed through available socioculturally informed discourses.

Clendenon-Wallen’s (1993) thesis on music therapy with sexually abused adolescents in Michigan, USA entails a two-group post-test case study with seven adolescent females. The music therapy process included song-writing and improvisation. Clendenon-Wallen focused on music therapy’s role in lowering hostility and raising self-confidence in survivors. She confirms that these two features (hostility and low self-confidence) are fairly common in adolescent survivors. She goes on to discuss how shame can invade a person’s state of being and become part of her/his identity. Survivors experience lowered self-esteem due to the act itself, as well as the feeling that there was something wrong with them to begin with, and that caused the abuse (Clendenon-Wallen, 1993). She addresses this from a developmental and family-systems perspective, where she claims that the prevalence of CSA within families may be in part related to family dynamics, such as isolation, stress, and power relations, that leave the child vulnerable and the perpetrator unquestioned. She also claims that an adolescent, who is already going through many changes, may begin to make meaning of what happened to her-/himself when s/he was abused at a young age. This process at such an important developmental stage may result in negative feelings towards the self, as well as sudden behavioural changes, such as aggression (Clendenon-Wallen, 1993). In Clendenon-Wallen’s findings, self-confidence did appear to increase among those in the music therapy group (four adolescent females), however, the author’s focus was largely on the concept of aggression (Clendenon-Wallen, 1993), which seemed to steer her away from her original intention to address both issues equally.

Although his paper does not discuss CSA in particular, Viega (2017) writes about how adolescents who have endured adverse childhood experiences can use song writing to develop faith as they transition to adulthood. Adverse Childhood Experiences Studies (ACE), which focus on children who have experienced various types of abuse (including sexual abuse) have established links between childhood trauma and later negative health consequences. Such experiences can result in hopelessness, which is associated with depression in adolescence. Using a number of arts-based and analytic analysis methods, Viega analysed twelve songs, written by adolescents in a residential-care facility near Philadelphia, Pennsylvania, who had high ACE scores. The songs were written as part of a therapeutic song writing programme, *Hear Our Voices*, and those chosen for analysis were chosen according to which resonated with the researcher, and which then related to emerging data. The findings were associated with

Fowler's model of faith development, and three song categories were found, relating to certain stages of trauma. These were Songs the Protect Vulnerability, Songs of Abandonment, and Songs of Faith and Love. Viega concludes that adolescence is a difficult time in itself and is made more so when individuals have had adverse childhood experiences. This research was valuable in ascertaining the use of song writing and the therapeutic relationship to express challenges experienced in adolescence, the writers' ideas about their futures, the exploration of identity, and the development of faith.

## **2.6 Conclusion**

CSA, as well as complex trauma, is prevalent in South Africa (Mathews et al., 2012; Williams et al., 2007), with existing social structures and stigma causing further harm to survivors (Jewkes et al., 2005). Stigma has been shown to affect the identity of survivors due to the social discourses they are socioculturally afforded (Burr, 2015; Link & Phelan, 2001). However, the literature tends to focus more on survivors' experiences of coming to terms with their abuse, as well as the symptoms of CSA, rather than the exploration and construction of identity (Christofides et al., 2006; Lev-Wiesel, 2008; Mathews et al., 2012; McCauley et al., 1997).

Music therapy has been used to address aspects of identity with child and adult survivors of CSA, but these are in relation to other main topics, such as self-regulation, development of meaning, and aggression (Clendenon-Wallen, 1993; Robarts, 2003). Most of these studies take a psychodynamic stance, also with reference to developmental theories (Amir, 2004; Robarts, 2003; Robarts, 2006; Strehlow, 2009).

My research provides another approach, focussing primarily on the exploration and construction of identity, using a social constructionist framework.

## **CHAPTER 3**

### **Methodology**

In this section, I discuss my research paradigm and design, followed by the participants, procedure, and data collection and analysis. Finally, I discuss research quality and ethical considerations.

#### **3.1 Research paradigm**

##### **3.1.1 Ontology and epistemology**

My research uses a postmodern ontology and social constructionist epistemology. “Ontology” refers to the nature of reality. In the case of postmodernism, reality may be seen as plural. There is no one true nature of reality to be discovered. Instead, that which is known is viewed as a subjective version of reality, where meaning is constructed through different texts and narratives (Bryman, 2012). The focus, therefore, is not on what the ultimate Truth is, but on representations of reality, and how meanings are constructed through social, political, and historical discourses.

“Epistemology” refers to the relationship between the researcher and the knowledge generated through research (Terre Blanche, Durrheim, & Painter, 2014). A social constructionist approach considers knowledge (including personal identity) as constructed through social discourses, which affect and are affected by the contexts in which they occur (Terre Blanche et al., 2014). From a social constructionist epistemology, then, the emphasis is on the participants’ construction of knowledge within the therapeutic setting, recognising that the version of knowledge presented is constructed through engagement with (and resistance of) certain discourses amongst many possible ones (Bryman, 2012). The term “discourse” may not only refer to spoken or written language, but to other ways that knowledge is constructed and disseminated. Therefore, “Discourse” (big “D”) refers to language plus other aspects, including beliefs and objects (such as a distinctive, repeated rhythm, or a specific instrument) which allow an individual to be recognised as a certain “type” of person (Gee, 2011).

Reflexivity on the part of the researcher is important within a social constructionist epistemology, as it means that the researcher must recognise that s/he is a co-constructor of knowledge in the research process. Finlay (2002) discusses how power relations between researcher and participant may influence the type of knowledge constructed. Researchers, being the ones to

present results, hold the power in terms of how constructed knowledge is represented, and have to work closely with participants in order to provide representations that are as close as possible to what was intended by participants. Additionally, in cases where the researcher is also the therapist (as was the case in the current study), the power relations between researcher-as-therapist and participants may affect the type of knowledge constructed by participants in the research context. They might try to “please” the researcher for various reasons, or feel uncomfortable correcting or challenging her/him. Reflexivity can help the researcher to remain aware of power relations and her/his role in the co-construction of knowledge (Finlay, 2002). This awareness can also cause the researcher to be more vigilant in creating a safe and accepting space in which the participant is more comfortable in providing her/his own constructions of knowledge instead of what s/he thinks the researcher wants to hear.

### 3.1.2 Methodology

As my study was informed by social constructionism, I used a qualitative methodology. This is due to the fact that the study focused on how individuals constructed their identities, and this was best explored through qualitative methods that allowed for more in-depth analysis of participants’ exploration and construction of identity.

Qualitative research is used to look at how concepts and experiences are understood by participants (Hogan, Dolan, & Donnelly 2009). The researcher works closely with participants in order to ensure interpretations that are as close to the participants’ intended meanings as possible (Bryman, 2012). Although, as previously discussed, the researcher must exercise reflexivity to be aware of her/his role in knowledge construction as, ultimately, s/he is the one providing the representation of the knowledge (Finlay, 2002).

Qualitative research is contextual, and findings are not necessarily intended to be generalised to the wider population (Bryman, 2012). However, Goodman (2008) notes that qualitative findings may be transferable to other similar situations if enough is known about the contexts in question. He goes further to write that discourses that are used consistently lead to the same social action in different contexts and, therefore, generalisations can be drawn from one context to another where the same discourse is being used, as long as the use of the discourse produces the same social action in both contexts. In the case of my research then, discursive findings may be generalisable if there are other contexts in which similar discourses lead to the same social actions.

As qualitative research involves in-depth engagement with participants, it produces rich data (Bryman, 2012). This engagement is achieved through methods such as participant observation and the use of session notes, both of which I used. In addition to this, in the context of music therapy, qualitative case studies (discussed below) are useful, as they provide a platform for the documentation and exploration of creativity and individuality, which are central to the music therapy process, but can be neglected within larger, quantitative studies (Aldridge, 2005).

### **3.2 Design of the study**

This study involved a multiple case study design with three individual participants. The reason for including only three participants relates to the in-depth nature of the case studies (discussed below) and time restraints.

Case study design involves the investigation of a particular phenomenon and the study of an individual/population/situation over time in order to develop a better understanding of a larger group of similar cases (Stake, 2005). As previously discussed, findings can at least be transferable to other similar situations, or even generalised in some cases (Goodman, 2008). Case studies should yield rich qualitative data through rigorous methods, such as participant observation and, as such, the fewer the cases studied (in a multiple case study design), the more in-depth the data collected (Aldridge, 2005). This is why, in the case of my research, only three cases were studied. This design allowed for more comprehensive knowledge of individual processes of identity exploration and construction through music therapy (Aldridge, 2005; Stake, 2005). Although there are similarities between survivors' experiences, there are also many differences (Clarke, 2008), so it is important to look at individual processes to add to the wider knowledge pool.

### **3.3 Participants**

I identified a local non-profit organisation to ask for their help regarding the recruitment of participants. The organisation, CATCH Projects (Caring, Affirming, and Training for Change), which has been growing since 1998, is situated in Mzamomhle settlement in East London. Their mission is to help vulnerable women and children who have been impacted by poverty, violence, and disease, through training programmes, and by promoting health and safety (CATCH Projects, n.d.). CATCH offers a number of weekly school clubs and projects that provide fun for children and skills for women, while educating both on important issues such as domestic violence, rape, child welfare, and HIV/AIDS. They started a Victim Empowerment Programme (VEP) in 2014, which helped survivors of sexual abuse in the wider community. At

the start of this study, there were two onsite social workers, who dealt specifically with the VEP, working with both child and adult survivors.

I met with the director and VEP social workers at CATCH Projects and they agreed to help me in contacting possible participants through the VEP. However, due to funding restrictions, the VEP was shut down, and the social workers retrenched, before data collection for this study began. Therefore, the director agreed to help me contact possible participants, who were previously affiliated with the VEP, in order to find three adolescent survivors to participate in individual music therapy processes. I was given written consent by the director to recruit participants through the organisation, as well as to use their premises for sessions during the study (see Appendix F). I am aware that this is a vulnerable population group and, as such, the process of sampling was carefully handled. Due to the fact that I initially wrote a letter to possible participants (see Appendix E), those who did not wish to be identified were not. By this, I mean that the identity of possible participants remained anonymous unless they themselves chose to contact me. I only met with those who were interested in the study.

Convenience sampling was used, through which participants were included due to accessibility and willingness to participate; I did not select them (Teddlie & Yu, 2007). The sampling criteria were as follows:

- Age: 12-18 years
- Gender: no gender specification
- They need to have experienced CSA in the past

I addressed a letter to those in the VEP (see Appendix E), which was then sent by the director to possible participants once the VEP had been shut down. This explained the study and procedure, inviting volunteers to meet with me to learn more about the study. Three possible isiXhosa-speaking participants (described later) from the same foster home responded to the letter, arranging to meet with me through their house mother (legal guardian). I met with them and their house mother (each pair separately) at CATCH Projects, in order to give them the guardian and participant information forms (see Appendices A and C), answer any questions, and obtain informed assent from participants (see Appendix D) and informed consent from their house mother (see Appendix B).

### 3.4 Procedure

Each participant was scheduled to have eight music therapy sessions, but one only received five due to absenteeism. Sessions lasted between 60 and 90 minutes, and were held on the CATCH Projects premises.

In line with my personal theoretical orientation, I approached these sessions from a humanistic perspective. According to Weiten (2010), humanism recognises people's individuality, as well as their autonomy and potential for growth. Humanists are concerned with human experience and people's sense of self, which they consider an important aspect in determining behaviour. Therefore, I focused a lot on autonomy, and frequently followed the leads of the participants, as they explored and experimented with their identities.

Within sessions, participants were afforded opportunities for identity exploration and construction using a number of techniques. I offered a range of active and receptive music therapy experiences, including improvisation, in which participants were afforded the freedom to express themselves in any way they wanted to, using voice, instruments, and movement<sup>5</sup>. Song-writing was also used, and the themes chosen in song-writing activities were those that were introduced by the participants. Other arts modalities, such as drawing, were included, in order to allow for a broader range of expression. Each technique used was structured according to my research questions to address the exploration and construction of identity. For example, a drawing activity entailed participants tagging drawings of themselves according to labels given to them by others, as well as those they had given themselves. They were also able to discuss which labels they might want to remove or add. Working from this, we engaged in an improvisation revolving around a particular label chosen by the participant. Through these methods, I was able to gain a sense of how participants used the music therapy space to explore and construct identity, and what Discourses they drew upon in the process.

As I was the one providing music therapy sessions as a music therapy intern, I received both research supervision and clinical supervision throughout the process. I realise that there are many considerations when performing the dual role of therapist and researcher, and these are discussed later in the section on ethical considerations.

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<sup>5</sup> Please see *Defining Music Therapy (3<sup>rd</sup> ed.)* by Bruscia (2014) for more information on clinical improvisation, which is improvisation used in a clinical setting for specific purposes, such as self-exploration.

### **3.5 Data collection and preparation**

In this section, I discuss data collection, involving participant observation, session notes, and video recordings; as well as data preparation and the criteria used to select video excerpts for analysis.

#### **3.5.1 Data collection**

In my research, I used participant observation through video recordings and session notes as data collection methods. Participant observation involves the researcher's active engagement in activities that are relevant to the context, as well as observation of the context and the people involved (Suzuki, Ahluwalia, Arora, & Mattis, 2007). Through this method, I was able to observe how participants explored identity in sessions, such as through song-writing, as well as how they engaged in construction of identity through Discourses in a broader sense, for example using music, the music therapy setting, and body language (Gee, 2011). In other words, I collected textual, musical, and visual data from the sessions.

A social constructionist approach regards the research space (in this case the music therapy sessions) as a place for the co-construction of knowledge. Knowledge is constructed in context through social processes (Koro-Ljungberg, 2008). Both the participant and the researcher are responsible for the construction of knowledge, and both influence each other through their social interaction. Therefore, there is a focus not only on the recall and use of previous knowledge, but also on the knowledge that is constructed within the session. Thus, in my research, the sessions themselves were seen as a site for the co-construction of knowledge and, therefore, as a possible space in which discourses may, together, be negotiated, resisted, or entered into.

I made session notes and video recordings of sessions. Video recording allowed for a more detailed analysis, as it is difficult for a therapist/researcher to observe all behaviour during a session (Bottorff, 1994). No recording is entirely accurate, as some sounds, expressions, and body movements may not be adequately captured, while the recording also exists outside of the context in which the interaction occurred (Bottorff, 1994). However, I hoped in part to make up for this through in-depth session notes, which I used in conjunction with recordings in order to conduct the analysis.

The use of video recording needs to be negotiated carefully where minors and vulnerable population groups are concerned (Sparrman, 2005). In my research, participants, who gave informed assent to take part in the study, were fully aware of the use of video recording, and

had the option of turning the recording off in a session if they so wished. This was very important in the light of their experiences, and I strived to ensure that they were comfortable in the research setting, explaining the process and answering any questions they had regarding the data collected. Additionally, I reminded them that the recordings would only be seen by my supervisors and myself, and would not be made public, as was stipulated in the guardian and participant information forms (see Appendices A and C).

### 3.5.2 Data preparation

Three video excerpts from each participant were selected for analysis from session recordings. These related to how participants explored and constructed identity through Discourses, such as through their use of music and body language. In cases where excerpts included songs written by participants, lyrics were also analysed, along with any verbal material. In addition to these excerpts, all session notes, which briefly documented each session, were analysed, and certain pieces of artwork created by participants in sessions were included in the discussion to further support the findings of how participants used music therapy sessions to explore and construct identity.

Selection criteria were established in order to determine what musical excerpts would be analysed from the video recordings:

1. Three contrasting excerpts were to be chosen from each participant's sessions:  
These excerpts had to be contrasting in order to illustrate different elements/changes over time in each participant's music therapy process. The excerpts were analysed along with all session notes, and complimented by the inclusion in the discussion of various artworks created by each participant, in order to provide as comprehensive an analysis of the data as possible.
2. Excerpts had to be approximately two to five minutes long:  
This provided enough time in each excerpt for clinically significant events or changes to occur<sup>6</sup>, or in the case of songs, for them to be recorded in their entirety.
3. The recordings needed to be clear so that participants' contributions were audible:  
The excerpts chosen had to be clearly audible, so that the participants' contributions could be heard, and therefore adequately analysed. At times, this was difficult, as

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<sup>6</sup> The significance of events was determined according to the research questions (musical events that related specifically to the exploration or construction of identity), or according to how participants talked about them as significant.

some instruments/voices were more clearly recorded than others, due to the microphone direction.

4. Of the three recordings (of each participant), one needed to be a song composed by the participant:

All three participants engaged in song-writing, using specific lines from other songs as well as their own lyrical/conceptual ideas, while I helped to organise them and set them to music. Chosen lyrics were important with regard to exploration and construction of identity in line with the research questions, and as such, one song from each participant was chosen for analysis. These songs were analysed according to the lyrical content as well as the ways in which they were performed.

5. Recordings needed to include free and themed improvisations:

During the course of the study, participants engaged in both free and themed improvisation. Some were highly structured, for example, to assist them in becoming familiar with certain instruments and ways of playing. The excerpts chosen for analysis had to relate to important themes for each of the participants (those they deemed significant to their exploration or construction of identity); or to events that related to the research questions and were informed by session notes (such as a certain type of rhythm played repeatedly by a participant, that related to her possible exploration of power dynamics in the therapeutic relationship). Therefore they could not be improvisations (or songs) that were highly regulated by myself.

6. The excerpts chosen needed to show work that was therapeutically significant:

Therapeutic needs/goals were determined by the participants' input and presentation in the assessment phase. Excerpts were chosen for analysis according to how closely they related to these needs. These included significant moments, clear changes in relating, and in the case of song-writing, therapeutically-relevant lyrical content.

### **3.6 Analysis**

Thematic discourse analysis (thematic analysis within a social constructionist epistemology) was used to analyse the data, whereby discursive codes are drawn from chosen "texts", and then grouped into discursive themes for analysis (Braun & Clarke, 2006; Taylor & Ussher, 2001). As discussed, a discourse relates to a set of meanings and representations that produce a specific version of reality (Burr, 2015). A thematic discourse analysis of the data (from video excerpts and session notes) explored what discursive themes were drawn upon by participants

to explore and construct their identities in music therapy sessions. Of interest was how they accomplished this through, for example, aspects of their presentation (such as body language and music) or how they spoke about their identities through song-writing. Finally, as mentioned, artwork created by participants in relation to their identities was included in the discussion following research findings, in order to further support the findings, as well as show how participants used other arts modalities to further enhance the exploration and construction of their identities.

According to Braun and Clarke (2006), as thematic analysis is not associated with any pre-existing theoretical framework, it provides an accessible form of analysis that can be utilised within various theoretical frameworks, such as the discursive approach taken in this study. These authors go on to provide an outline for conducting thematic analysis, starting with becoming familiar with the data, through transcribing, reading, and re-reading it. The second step involves systematically generating meaningful discursive codes from the transcriptions across the entire data set. During the third and fourth steps, the codes are grouped into possible discursive themes, which are then reviewed to make sure they relate to the transcriptions and the entire data set. Step five involves refining the themes in ongoing analysis, by naming and defining them. Finally, step six involves doing final analysis, relating it back to the research question, and writing up the final report.

In this study, transcripts of the selected video excerpts, including the lyrics therein, as well as all session notes, were analysed accordingly, and the resulting discussion was further enhanced through the use of visual data in the form of artwork created by participants in relation to their exploration and construction of identity. Through this method of analysis, I identified discursive themes on which participants drew, regarding the exploration and construction of their own identities, and whether they were able (if they so desired) to resist certain discourses and begin to use new ones.

### **3.7 Research quality**

Traditionally, the quality of qualitative research was addressed in the same ways as quantitative research: by measuring the validity and reliability according to set criteria (Smith, 2005). However, as the nature of qualitative research differs from that of quantitative research, it is important to use methods that are relevant to the type of research being conducted (Smith, 2005). Yardley (2000) has outlined three areas that should be addressed when assessing the quality of qualitative research. These are sensitivity to context (being aware of the literature and socio-cultural setting of the study, and ensuring that the study results are evidenced in the data);

commitment, rigour, transparency, and coherence (sustained engagement, proficiency with methods, engagement with data, clear presentation, coherence between study and method of analysis, and reflexivity); and impact and importance (the relevance of the research). Similarly, Stige, Malterud, and Midtgarden (2009) provide an approach to qualitative research evaluation that values agenda over criteria. The acronym “EPICURE” is used to highlight the main areas that should be considered: Engagement, Processing, Interpretation, Critique (self and social), Usefulness, Relevance, and Ethics. Many of these areas seem to correspond to those outlined in Yardley’s paper, and address similar issues.

With regard to my research, apart from adopting a reflexive approach whereby I evaluated my role as the researcher in the co-construction of knowledge<sup>7</sup>, as well as used “session notes”, I used triangulation. Triangulation involves the use of multiple forms of meaning construction in order to ensure that observations and interpretations are as accurate to participants’ constructions as possible (Stake, 2005). While a more positivist understanding of triangulation would involve using different methods to reach a more accurate representation of the Truth, I engaged in triangulation by collecting different kinds of data to add to the richness of understanding regarding participants’ constructions of identity. This contributes to Yardley’s (2000) area of commitment, rigour, transparency and coherence. I used both video excerpts and session notes to do my analysis, in order to gain a broader understanding of the data. Informal member checking was also used during the research process. I repeated verbal information gathered during sessions back to the participants, and then asked the participants to elaborate, in order to check whether their constructions of meaning were being adequately represented (Lincoln & Guba, 1985).

### **3.8 Ethical considerations**

Booklet six of the HPCSA General Ethical Guidelines for the Health Care Professions (2008) stipulates that, when conducting research with human participants, the researcher must ensure at all times that the rights of participants are protected as far as possible. The booklet goes on to give four main ethical principles that need to be addressed: non-maleficence (no harm must come to participants); beneficence (the benefits of the research must outweigh the risks to participants); autonomy (informed consent must be obtained); and confidentiality. Another important principle is that of justice. Research must be fair and just, with participants being left

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<sup>7</sup> See Finlay (2002), who addresses both intersubjective and introspective reflexivity, and how these play a role in knowledge formation in research.

better/at least the same as before the research was conducted, without the research being used to benefit the researcher to the detriment of the participants.

I ensured that participants' rights were respected by obtaining informed assent from each participant and informed consent from their legal guardian. Participants and their legal guardian received detailed information regarding the research purpose and procedures, my responsibilities towards them, as well as their rights. Participant information and data were kept confidential, and names were changed in the final report.

I am aware of the possibility of re-victimisation when working with members of this population. There is a need for sensitivity when conducting research in this area, where individuals who have been victimised and have experienced stigma undergo "observation" in the research setting, which may cause re-victimisation (Fontes, 2004). Participants were made aware that they had the right to withdraw from the study at any time. As previously stipulated, participants were able to choose to have the video camera turned off if they did not wish a section of a session to be recorded. During sessions, I was not the one to introduce themes, but followed the lead of the participants, affording them agency in the direction of our interaction. I also ensured that they were aware they did not have to answer any questions I asked during sessions if they were uncomfortable doing so. I hoped that by these measures, participants felt more secure and in control in the research setting. However, there were precautionary measures taken in case a participant was negatively affected during the research process. My first responsibility would have been towards the well-being of the participant moving forward, regardless of any further data gathered. Had this happened, the participant would have been referred to a social worker, as well as offered the opportunity to continue with music therapy sessions with myself for the duration of the study, without having any further data gathered from those sessions (unless she was willing to re-enter the study). However, through the precautionary methods taken this did not occur.

Regarding non-maleficence, confidentiality was maintained, and the techniques adopted in this study attempted to provide a platform upon which the participants had authority in knowledge production (for example, being afforded autonomy in clinical improvisation; introducing themes themselves), in order that they did not feel pressurised into providing information.

Due to the fact that I held the dual role of researcher-therapist, there were many additional ethical considerations to take into account. Bourdeau (2000) claims that the most significant issue with regard to such dual relationships is that of power. The therapeutic relationship provides a space in which the client puts her/his trust in the therapist and is vulnerable to the

therapist's influence. If the therapist is also the researcher (who holds more power than the participants in a research project) there is the potential for the exploitation of participants in order to benefit her/him (Bourdeau, 2000; Rickson, 2009). Meara and Schmidt (1991) provide four principles to be used in the treatment of qualitative research participants in order to better balance power relations. These are autonomy, non-maleficence, beneficence, and justice. In addition to confidentiality, these make up the ethical guidelines also stipulated in Booklet six of the HPCSA General Ethical Guidelines for the Health Care Professions (2008), as discussed earlier, and should be adhered to throughout the research process.

Gottlieb (1993) provides a decision-making model that addresses the potential harm of a qualitative research project to its participants, and looks at three main areas that need to be addressed. These areas are each presented on a continuum, so that greater or lesser potential harm to participants can be determined, according to the nature of the researcher-participant relationship. The first, as agreed upon by Bourdeau (2000), is that of power, which is placed on a continuum of low to high, based on the influence of the researcher-therapist and the vulnerability of the participant. In the case of my research this, therefore, tended towards the mid-range of the spectrum, as although I was working with a vulnerable population both in terms of experience and age, as compared to myself, there were clear boundaries in our work. These included our roles as client and music therapist, the sort of work in which we engaged, and the fact that we only met once a week in sessions. The area of power may have tended towards the high-range if, for example, I saw the participants more often, had dual-relationships with them, or if the total process had been long-term, which is addressed in the second area: duration of study. Longer periods of research hold more potential for harm to participants, especially if the other areas also show a high risk of potential harm. My research was limited to eight sessions per participant and, as such, was not considered long-term, minimising potential risk to participants according to this area. Finally, the third area discusses clarity of termination (specific, uncertain, or indefinite). Here, specific termination is when there is a very clear end to the researcher-participant relationship, while uncertain endings leave space for a similar relationship to develop in the future, and indefinite endings mean there is no clarity or agreement regarding the ending. In the case of my research, the research period was very clearly stipulated to participants, and there was no further contact with the individuals involved. This lowered the potential for harm to participants.

According to these three areas, the main one that was relevant to my research was that of power. Rickson (2009) discusses her approach to power when engaging in a dual role as

researcher-therapist, giving some practical suggestions for the managing of this role. Rickson remained open with her research team, addressing potential ethical issues continuously, in order to protect the rights of participants throughout the study. As I received both research and clinical supervision, I stayed open with my supervisor about any ethical issues that arose, in order to remain accountable throughout the process. Rickson also encourages researchers to take responsibility for their assumptions, motives, and values by keeping a research journal and engaging in reflexive thinking, reflecting critically on these aspects of their work during the research period. While I did not keep a separate journal, I remained reflexive in session notes, in order to better protect the participants involved in the study.

I understand that power relations exist between the researcher and the participants, and participants may have felt pressurised into telling me, the researcher, what they thought I wanted to hear, or felt that they could not challenge me if they thought their constructions were not being adequately represented (Suzuki et al., 2007). Additionally, I considered my position as an English-speaking, middle class white woman in relation to the participants, and how issues of race may have also affected their decisions to disclose certain information. I remained open with participants, reminding them throughout the process that I was interested in their constructions, and in what they had to say, and that there were no “incorrect” answers. I also tried to be sensitive to racial differences, and reflected on how race-based power dynamics may have influenced sessions. I attempted to provide a space in which the participants felt comfortable working in English and isiXhosa at different times, and encouraged their choices of recorded music, much of which was in isiXhosa, learning it myself in order to better support their engagement with it. When writing or singing in their mother tongue, the participants became the “experts”, and I acknowledged their superiority in the use of their language and cultural references. I hoped that such measures would help to mediate any racial tension experienced. By adhering to the guidelines given by the above authors (Meara & Schmidt, 1991; Rickson, 2009), and engaging with the principles of autonomy, confidentiality, beneficence, non-maleficence, and justice, building rapport and trust with participants, I monitored my dual role continuously, in order to balance power relations and avoid harm to participants.

In addition to this, I remained accessible to participants throughout the course of the research, and provided access to information regarding the research (although none of them inquired after this). Participants were also made aware that data collected during the proposed research was to be stored at the University of Pretoria for a period of fifteen years, and that during this time, confidentiality would be maintained. If any further researchers wish to use

this data they may only do so upon obtaining assent and consent from the participants and their guardian.

Finally, I was in contact with the director of CATCH Projects, who gave me permission to recruit participants from within their organisation (discussed earlier), as well as use their facilities for the duration of the study (see Appendix F). However, it was made clear to participants that I was working independently of the organisation and that collected data would only be made available to the organisation at the request/permission of the participant. While this may have made me seem like more of an outsider to participants, I hoped that it would help to assure them of my commitment to confidentiality and the protection of their rights.

### **3.9 Conclusion**

This chapter has provided a discussion of my research design, the participants, procedure, and methods of data collection, preparation, and analysis. I also discussed research quality and the ethical considerations adhered to throughout the research process.

In the next chapter, I provide an account of the process of analysis, and present the research findings.

## CHAPTER 4

### Analysis and findings

In this chapter, I describe the process of data analysis and present the findings. The first section describes the participants who took part in the study and the general session structure, while the second section discusses certain complex and unforeseen circumstances that informed the research process. I then discuss the process of thematic discourse analysis, presenting the results in terms of discursive themes found to be utilised by participants throughout the study.

#### 4.1 Participants and nature of participation

In this section, I introduce the participants, before outlining the general structure of the sessions as well as giving examples of specific activities that took place.

##### 4.1.1 Demographics and background information

Three participants took part in this study. All three were 12-year-old girls, and were isiXhosa speakers. Ann<sup>8</sup> and Gabby each received the full eight sessions that were planned, while Power only received five, due to her unavailability during the first three weeks of the study. Sessions took place once a week on the CATCH Projects property, and lasted between 60 and 90 minutes each.

The girls were all from Mzamomhle Township<sup>9</sup> in East London, but were living in the same group home outside of the informal settlement at the time of the study, due to experiences of abandonment/orphanhood. They all had the same foster mother, and all attended the same school. Most of the background information I received was provided by the director of CATCH Projects and the girls' foster mother, once they had agreed to take part in the study. The information they had was compiled based on the girls' personal accounts and the accounts of the social workers involved in placing them in the home, and some conflicting information from different sources was presented. Additionally, the language barrier between the foster mother

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<sup>8</sup> Names have been changed for confidentiality. Each participant chose her own pseudonym at the end of the process.

<sup>9</sup> Mzamomhle is one of the many informal settlements located throughout South Africa. The country has a long and complex history of colonisation, segregation, and race politics. For an overview of this history and its implications on social structure, poverty and inequality, and cultural life in South Africa, see Butler's (2017) book, *Contemporary South Africa*.

(who was also a woman) and myself also affected the exchange of information between us, so that some aspects were not explicitly clear.

According to the director and foster mother, Ann experienced an episode of CSA at the age of seven, when she was walking home alone one evening and was attacked by an unknown man. At the time, she was living with her mother and two half-siblings, but when her mother was refused a social grant, the family moved in with her mother's boyfriend. During this time, the boyfriend's son tried to initiate sexual contact with Ann, and when she resisted and told her friends what had happened, the son beat her. She was later abandoned by her mother, and moved to the group home in 2014, at the age of nine.

From what Ann disclosed in sessions regarding her history, she had grown up believing her grandmother was her mother, and only later found out that her biological mother had abandoned her. Therefore, the timeline of events regarding guardianship is unclear, but Ann was moved from the custody of her biological mother to her grandmother, and then to her foster mother, experiencing various negative feelings surrounding her abandonment (as will be discussed later). She also repeatedly expressed the desire to see her biological mother again.

Ann presented at the beginning of the music therapy process as quiet and composed. She appeared tense and did not interact easily, but this sense of caution was frequently contrasted with sudden moments of disclosure (mostly regarding her mother and abandonment). Ann expressed a preference for artists such as Amanda Black, and enjoyed drawing and dancing, while interacting more tentatively on the instruments and through singing.

Gabby was one of the newest members of the household, having arrived towards the end of 2016. According to the director and foster mother, she and her older sister were abandoned by their mother shortly prior to this. Following the abandonment, Gabby disappeared for a few days, and was found living with an older man. She was malnourished and was reported by the director and foster mother to have endured CSA while living with this man. She was hesitant to talk with them about her experiences, and would cry when questioned. Additionally, Gabby was subject to stigma from various peers, who spread rumours in the community that she had prostituted herself to him in exchange for accommodation. Gabby had also experienced emotional abuse from her mother, who had prayed for her death because she was born HIV-positive. Gabby did not talk much about her past in sessions, except the importance of a brother when she was younger.

Gabby presented in sessions as shy and happy. She giggled frequently, and seemed to desire the ability to interact, while the language barrier often prevented this<sup>10</sup>. However, she engaged more easily in the music and, while she originally showed a great deal of nervousness especially with regard to singing, she became more confident and assertive as sessions progressed. Gabby expressed a preference for isiXhosa songs and artists, such as Nathi and Zahara, and also enjoyed dancing and playing various instruments.

According to the director and foster mother, Power arrived at the group home around the age of five. Before this, she lived with her mother, who was an alcoholic and would frequently leave her at home to go to the shebeen (a less regulated alternative to a pub, often found in informal settlements). During one of these instances, Power was sexually abused by her 15-year-old step-brother. Her mother did not open a case against the boy, and Power, along with her older sister, was later removed and placed in the group home. In sessions, Power also disclosed that her parents, whom she missed, had both died after she was removed (her father in 2011, and her mother in 2015). This was something she was teased about by peers at school.

Power presented as friendly and engaging. She interacted easily, and showed a fair amount of self-reflection in sessions. While she was originally quite shy, as well as uncoordinated on the instruments, her confidence and musical ability increased throughout the process, and she later requested a referral to a social worker, following the termination of our sessions, to further explore what emerged for her during the process. Power expressed a preference for artists such as Beyoncé and Rihanna.

#### 4.1.2 Session structure

All sessions followed a similar macrostructure, beginning with a relaxing or fun activity, depending on the participant. Such activities included breathing and stretching exercises; drum improvisations; free movement and dancing; and verbal “check-ins”. Segal (2004) discusses the importance of family rituals, writing that they provide family members with a sense of belonging, and shared identity. These rituals are useful in providing order and meaning within the family unit. As rituals are pervasive in everyday life, they may also be accessible and useful in the context of music therapy. Rituals can help to frame the therapy

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<sup>10</sup> Gabby could speak little English, but was included in the study due to the fact that only three individuals had agreed to participate, and she lived in the same house as the other two participants, making it ethically inappropriate to exclude her. It was also decided that having a third participant could further strengthen the quality of the study.

process, both overall and within individual sessions (as greeting rituals do), creating structure, as well as a familiar point of connection, where client and therapist can interact, while maintaining appropriate therapeutic boundaries. This can afford the client further stability, order, and meaning in the therapy space.

Following this, we engaged in various activities, using different techniques, which afforded the participants opportunities to explore and construct identity. Each participant's process was different, and each identified more with different techniques. Ann, for example, enjoyed movement and drawing, although she originally had difficulties representing herself; Gabby enjoyed most activities once she had become familiar with them, but specifically seemed to enjoy the drum; and Power enjoyed most activities, but also became more committed to verbal processing as sessions progressed. Therefore, each participant's process was structured according to what she identified with, and the themes and topics she wished to explore. Additionally, even when one specific technique was particularly useful to a participant, I still introduced others at times. This was due to the fact that different activities provided a broader and more varied experience, and also because certain techniques were chosen in order to address different aspects of identity exploration and construction. However, in cases where new activities did not resonate well with a participant, they were not used again.

Examples of activities that were used with all three include improvisation; a drawing/labelling identity activity; and song-writing. Improvisation, as mentioned previously, affords clients a space to express themselves in any way they want to, using voice, instruments, and movement. Client and therapist spontaneously create music together, in which the therapist may support, guide, follow, or challenge the client musically. Improvisation can afford a space for non-verbal communication, self-expression, identity formation, exploration of emotions, and development of creativity (Bruscia, 2014). Various psychological processes and therapeutic needs are often revealed through improvisation. For example, clients may "sound" common relational patterns they engage in, in other areas of their lives, and such revelations can assist the therapist in determining relevant intervention strategies. There are various types of improvisation that can be used in music therapy. Both free and themed improvisations were utilised in this study, where therapist and participant would either play freely together, or decide on a topic to explore. Such topics included representations of "safe" and "unsafe" places, as well as certain emotions. Participants were offered a range of instruments to choose from, and could also move in the space if they so desired.

The drawing/labelling identity activity involved each participant drawing a picture of herself, and then labelling it with three names/labels that had been given to her by others, as well as three things she thought of herself. This then led to a discussion surrounding which labels she valued and which she did not. Following this, participant and therapist engaged in a themed improvisation moving from the feelings surrounding the least liked label to those surrounding the favourite one. At the end, each participant was able to remove the labels she did not like if she so desired. This activity provided an accessible symbolic means of exploring self-representation and celebrating/challenging certain identities.

All three participants engaged in song-writing at least once. There were various methods used to incorporate song-writing, one of which included listening to songs that had either been identified as enjoyable by each participant, or that I chose in line with artists/genres identified by participants. Each participant then chose lines from each song that they found meaningful, and these were personalised and reworked, with my help, into new songs with new melodies. This process was cited by all three participants to have been one of the most enjoyable activities, affording them a sense of achievement and mastery in being able to create something aesthetically pleasing.

I prepared participants for the ending of each session. Ending rituals were not as specific as opening rituals, and were rather based on what had happened during the session. Therefore, they included improvisations, verbal processing, and planning for the following week.

Finally, participants were also prepared for termination of the therapy process. The final session for each included enjoyable activities; a review of the therapy process, including all artwork and songs created; and a “ceremony” whereby participants were able to record positive things about themselves they had learnt/been reminded of during the process, as well as symbolically discard any negative feelings and memories if they so desired. Participants were thanked for their participation, and reminded that they would be given access to the final report if they requested it. In addition to this, they were offered a referral to a social worker, and as mentioned, Power accepted this offer, expressing the desire to further explore what emerged for her during the music therapy process.

## **4.2 Unforeseen circumstances**

This section explores three unforeseen circumstances that were not anticipated in the research design, but which may have had a notable impact on the research findings. While this study explored how adolescents who had experienced CSA explored and constructed

identity, there were other important aspects of the participants' experiences that were also prominent in their articulations of identity. According to Yardley (2000), as previously discussed, when assessing the quality of qualitative research, one important aspect is to maintain rigour and transparency, regarding proficiency with methods used, and thorough engagement with the data. For this reason, I briefly outline three important features other than CSA, which may have impacted on the ways in which participants interacted in sessions.

#### 4.2.1 Abandonment and orphanhood

As described, both Ann and Gabby were abandoned, and Power was neglected by her mother and removed from her custody following abuse, after which both her parents passed away. According to Blackie (2014), child abandonment/orphanhood is prevalent in South Africa, with about 5.2 million children living in South Africa without parents in 2014. It is believed that the number of abandonments has increased in recent years, while adoptions have decreased, making abandonment a progressively prevalent concern in South Africa. Blackie writes that many of these children take on a victim role, as this is the identity often given to them through socialisation. Additionally, she discusses attachment issues later on, as well as disintegration that can be experienced when one is abandoned, where the child may feel unwanted and unknown, therefore affecting her sense of self. This threat to identity is also experienced in relation to CSA, where it can result in dissociative features (Lev-Wiesel, 2008). Additionally, in both cases, stigmatisation can occur, in terms of the societal discourses made available to children who are abused or abandoned. If, as Williams et al. (2007) write, cumulative trauma results in more severe psychological effects, it stands to reason that the compounded effects of both CSA and abandonment/orphanhood would greatly impact on a child's sense of identity. In the South African context, then, it may be beneficial to explore the two events of CSA and abandonment in conjunction, as both can significantly affect identity development. It may also be beneficial due to the prevalence of complex trauma, and the lack of research into this area, where instead of assessing the effects of multiple traumatic incidents (or trauma in context), studies often focus on specific traumas in isolation (Williams et al., 2007). In the case of this study, the experience of abandonment and importance of previous home and family were frequently raised, clearly having had a notable impact on the participants' presentation and exploration of identity.

#### 4.2.2 HIV/AIDS

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2017), South Africa has one of the highest rates of HIV/AIDS in the world. In 2016 there were over seven million

people living with HIV in South Africa, with only 56% of them accessing antiretroviral therapy. According to Parker and Aggleton (2003), there has been much research into the stigma surrounding HIV/AIDS, and its impact on identity construction. People who are affected have to deal with the condition itself, as well as the social stigma surrounding it, similarly to the experience of CSA, where survivors face coping with the event and the social consequences, both of which can impact identity construction (Clarke, 2008; Jewkes et al., 2005; Parker & Aggleton, 2003).

Gabby was born HIV-positive, and apart from the threat to health that this poses, it also resulted at least in stigma at home, where she endured emotional abuse from her mother, before she left. Therefore, as discussed above, it is possible that her experience of living with HIV, in addition to her experience of CSA, had impacted her identity development. Although this was never mentioned in sessions, it may have affected how she used the music therapy space to explore and construct identity.

#### 4.3.3 Language barrier

While both Ann and Power were fairly fluent in English, Gabby was not. This presented difficulties in sessions and, although she could understand simple English, meaning was lost during the process. This was especially evident in earlier sessions, where the language barrier affected Gabby's ability to understand certain activities that were proposed, and generally disrupted verbal communication between us.

Various measures were put in place in order to increase verbal communication and understanding. Questions, directions, and more general music-related phrases were prepared by me, and translated into isiXhosa, prior to sessions. I also sought permission from Gabby for her spoken and written words to be translated after sessions, when needed. In addition to this, the use of symbolism became more common in sessions, so that much therapeutic work was conducted within this symbolic space, using music, images, stories, and acting, instead of verbal interactions.

Therefore, as sessions progressed, the use of symbolic action became more important, and was recorded and analysed, contributing to the data set. In cases where language did affect understanding, session notes described this impacting factor, in order to account for the ways in which Gabby responded in certain instances. For example, in some cases where she did not respond, this was due to misunderstandings, and was recorded as such, rather than, for instance, being interpreted as "resistance".

### 4.3 Data collection, preparation, and analysis

In this section, I describe the process of analysis, from the data collection and preparation, to the main themes found through the use of thematic discourse analysis.

#### 4.3.1 Data collection and preparation

As discussed in the previous chapter, all sessions were video recorded, and video excerpts and session notes were used as data sources. Three excerpts were chosen for each participant, according to the selection criteria described in the previous chapter.

The excerpts selected were as follows:

##### 1. Ann

- (i) The first excerpt was taken from the beginning of session three, following a warm-up movement activity. In the excerpt, Ann and I engage in a xylophone improvisation. The music becomes increasingly energetic and includes sections of each of us mirroring the other, as well as playing complimentary rhythms at the same time.
- (ii) The second excerpt was taken from session five, after we had completed the words to one of Ann's songs (this one was about her home at CATCH and what made her feel strong and safe). In the excerpt, we sing through the final song, in which certain instruments were also used by Ann to represent various themes in the song.
- (iii) The final excerpt was taken from about halfway through session eight. It shows a drum improvisation between us, following an activity in which Ann identified various ways in which she constructed herself and was constructed by others. The full improvisation revolved around the feelings associated with her most and least favourite constructions, and the section in the chosen excerpt symbolised feeling glad about herself. This improvisation involved her perseverative rhythm (discussed later), but included more variations than she had previously played.

##### 2. Gabby

- (i) The first excerpt was taken from session five, near the end of the session. Prior to this, we had played an improvisation based on Gabby's feelings around how she constructed her identity, and how others constructed her. Afterwards, Gabby had wanted to continue playing, leading to the improvisation in the chosen excerpt. In the excerpt, Gabby plays the xylophone and I accompany her on guitar. While it begins in a seemingly erratic manner, it shows increasing communication between us, which is reflected in the interplay between our instruments.

- (ii) This excerpt was divided into two parts, the first of which is taken from the beginning of session six, showing a drum improvisation between us. The drumming is energetic and playful, and there is the added element of humour as Gabby ends the improvisation with a surprise cymbal beat. The second part of the excerpt is taken shortly after this, where we engage in a vocal improvisation. This was the first time we had worked exclusively on the voice, following Gabby's expressed desire to construct herself differently through the exploration of different uses of her voice. In the excerpt, Gabby frequently laughs nervously, but her confidence develops throughout, resulting in the first extended vocal improvisation in her process.
- (iii) The third excerpt was taken from the end of session seven, and shows us singing one of Gabby's songs. Gabby sings and plays the drum confidently, adding musical accents and movements. Additionally, when asked to add a new line to the song, she decides to sing "Ndiimhle" ("I am beautiful"), engaging in self-affirmation.

### 3. Power

- (i) This excerpt was taken from the end of session two, and shows us engaging in a drum improvisation. The music is simple but steady. Although Power appears nervous and stops at times, she shows perseverance, and continues to re-engage in the improvisation.
- (ii) The second excerpt was taken from the beginning of session four, and shows another drum improvisation. In this one, however, the music is soft, and Power uses a number of techniques of playing, including the incorporation of various other instruments. She still appears somewhat nervous, but there is an increase in confidence and in the exploration of different sounds and ways of playing.
- (iii) The final excerpt was taken from the end of session five, showing us singing Power's song. She plays the shaker fairly confidently while singing, and I accompany on the guitar. In addition to the original song, I invite Power to add the positive self-statements she had written prior to this, including "I am special" and "I am strong".

I watched and re-watched these excerpts, and wrote thick descriptions of each. According to Ponterotto (2006), although there are various understandings of the term "thick description", there seems to be consensus regarding certain characteristics. This consensus results in a definition of the task as a process by which the researcher provides a detailed account of social action, both describing and interpreting observed behaviour within its context. The "context" in this case, may refer to the immediate environment, such as an important relationship, or the wider community. In comparison to thin description, which would be written to more briefly describe actions themselves, through thick description the researcher ascribes intention and meaning to described actions, according to her/his understanding, as well as

according to a description of the context in which the actions take place. Thick descriptions include the quality of actions. For example, the act of laughing may be described with terms that articulate the quality of either nervousness or enjoyment, according to the situation and context in which the act takes place.

In addition to the thick descriptions of the chosen video excerpts, session notes were used as a data source. I wrote these immediately following each session, and highlighted important moments in the session, overall impressions, as well as my own responses to participants and events within the session. Session notes ranged in length from half a page to two pages per session, and for the purposes of this study, all session notes (totalling 21) were analysed.

After session notes and thick descriptions were prepared, according to the method described by Braun and Clarke (2006)<sup>11</sup>, each was labelled. Ann's three video excerpts were labelled as A1, A2, and A3; while her eight session notes were labelled as AN1, AN2... AN8. The same format was used for Gabby (G; GN) and Power (P; PN).

#### 4.3.2 Analysis

Each text was re-read and coded, whereby I methodically generating meaningful discursive codes from the texts. As the texts were re-read, sections were bracketed off with numbered square brackets in order to designate meaning units. These meaning units were sometimes then further "split" into smaller units using vertical bars. The bracketed meaning units were numbered and divisions within the meaning units identified with letters. An example of a final code is "G1.1a: plays xylophone confidently", where "G1" denotes Gabby's first thick description, "1" refers to the first meaning unit (placed in square brackets), "a" indicates the first division within the first meaning unit, and "plays xylophone confidently" is the code.

The research questions were held in mind as codes were constructed, so that they related specifically to how the participants used sessions to explore and construct identity. Therefore, sections of text that related to my actions, role, and feelings were not coded, except for when they were written in terms of how participants interacted with me. However, it is important to acknowledge that even though my own actions were not coded, participants' actions were constructed in relation to me in the music therapy space, and were therefore part of our co-construction of sessions. Additionally, although the research questions were considered

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<sup>11</sup> As discussed previously, thematic discourse analysis can be used within a social constructionist paradigm, as it involves the analysis of discursive themes that are drawn on by participants, in this case through various aspects of their presentation used to explore and construct identity.

separately, in the emerging data there were relationships between how participants explored their identities and how they constructed them. This made it more challenging to address the questions individually, and as such the analysis does seem to reflect more the process of identity exploration, with specific examples relating to identity constructions.

The codes were written in a column on the right hand side of the texts. Figure 1 provides an example of a section of coding from one of Gabby’s thick descriptions (please see Appendix G for all coded thick descriptions and session notes).

<p>1[Gabby begins to play confidently on the xylophone, holding one beater lightly in her left hand, with her other hand poised over end of the instrument.]2[She watches her playing carefully, as though concentrating hard on what she is doing.]3[Her even tapping bounces over twelve notes in no clear pattern, except that the bright melodic contour moves up and down twice, covering the full length of the xylophone.] From her third note, the music therapist begins to quietly pluck the guitar in time in the key of C major, mirroring the bouncing quality in Gabby’s music. 4[After playing her twelve notes, Gabby plays three confident glissandos, moving smoothly down, up, down, with the last played like a cadence, as she pulls the beater off the instrument, flicking her wrist animatedly and looking up at the music therapist as she strums the tonic.]</p>	<p>G1.1a: plays xylophone confidently</p> <p>G1.1b: partial physical expressiveness</p> <p>G1.2: focuses intently on own hands</p> <p>G1.3a: rhythmically even</p> <p>G1.3b: melodically scattered</p> <p>G1.3c: bright presence</p> <p>G1.4a: confidently plays smooth glissandos</p> <p>G1.4b: plays cadence</p> <p>G1.4c: animated expressiveness</p> <p>G1.4d: makes eye contact</p>
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Figure 1: Example of coding taken from the first of Gabby’s thick descriptions (G1).

Saldaña (2009) discusses “splitter” coding (developing a large number of codes), as opposed to “lumper” coding (developing fewer codes). While lumping is quicker, more manageable, and extracts the main essence of sections of text, splitting provides a more in-depth analysis from the beginning of the process. This is time-consuming and may result in an overwhelming number of codes, but it encourages a more thorough examination of the actions described in the data sources. In the current study, I used splitter coding, in order to ensure as far as possible that participants’ constructions were adequately represented, through an in-depth analysis of the data.

While initially written as descriptively as possible, it is important to acknowledge the researcher's role in the co-construction of knowledge during the analysis phase of the study. According to Finlay (2002), researchers have the power to include or exclude certain aspects of data and research findings, affecting the representation of the knowledge generated and, therefore, need to constantly engage in reflexivity in order to better ensure a more accurate representation of participants. In the thick descriptions, I tried to capture the events as descriptively as possible (acknowledging that this was my construction of the events) in order to provide adequate representations of the participants' actions, while the codes provided more succinct descriptions of these texts.

The next step in Braun and Clarke's (2006) process of analysis involves grouping the codes into possible discursive themes or categories. All codes were revised and grouped with like codes, in terms of how they presented the participants' quality of engagement and exploration/construction of identity. In cases where there were multiple identical codes for the same participant, these were compounded (for example, "G3.13b; G3.55b; GN1.4b: childlike vocal quality"). Temporary potential headings were assigned to each group as overarching themes were slowly constructed according to the types of codes that were grouped together. Figure 2 provides an example of a temporary potential heading, along with the codes for each participant that were grouped within it. In order to differentiate more easily between the codes of different participants, each was assigned her own colour, based on the colour she chose most consistently throughout her process to represent herself. Therefore, green was used to represent Power; blue to represent Ann; and pink to represent Gabby.

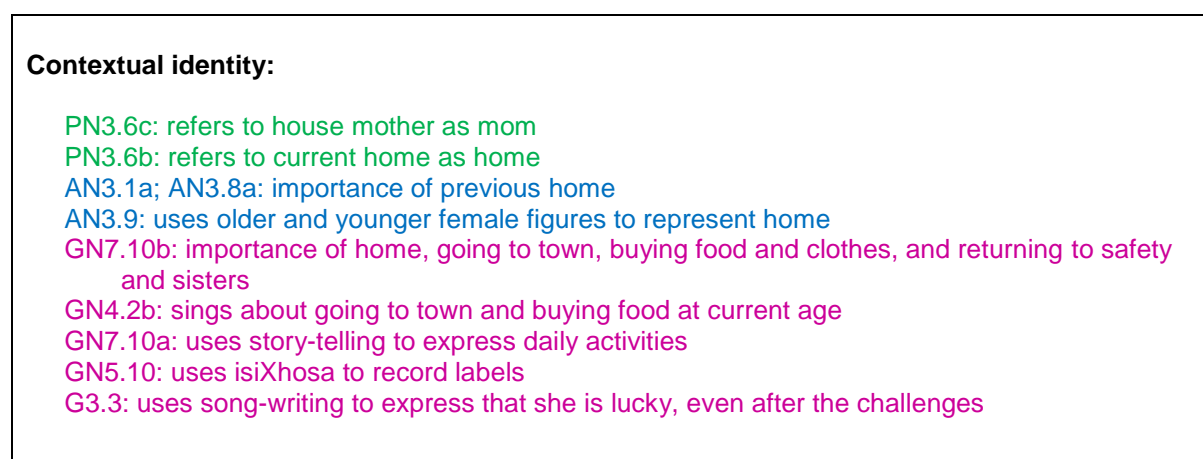


Figure 2: Example of temporary potential heading relating to contextual identity

The temporary potential headings were reviewed multiple times through supervision, and some were adjusted during review, to ensure that they adequately related to the whole data set and the research questions. Finally, these became categories, which denoted the various

ways in which participants interacted; areas of challenges and development; and how participants constructed themselves, their contexts, and their experiences within sessions. The categories were then grouped into subthemes, relating broadly to relational dynamics and exploration, and these were further grouped into the two main themes, as discussed below.

#### 4.4 Findings

The two main themes were named as *Therapeutic relational dynamics*, and *Capacity and desire to explore*. Figure 3 presents these themes, and their divisions into subthemes and categories. Depending on the number of codes that were grouped into each category, where codes related to the category but did not all necessarily relate to each other, some categories were split into sub-categories, while others were not. Appendix H provides the table seen in Figure 3 but includes all of the codes as well.

THEME	SUBTHEME	SECONDARY SUBTHEME	CATEGORY	SUB-CATEGORY	
Therapeutic relational dynamics	Distance		Decreased participation	Musical “perseveration”/decreased involvement	
				Decreased/partial movement involvement	
				Flat/passive/decreased energy	
				Losing focus	
			Interactional barriers		
			Wariness, tentativeness, guardedness		
			Expressions of nervousness and low confidence		
				Nervousness	
				Low confidence	
	Tense/rigid/controlled involvement				
	Urgent/haphazard/strained involvement				
	Heaviness				
	Withdrawing from communication				
	Closeness			Confident/assertive involvement	
				Autonomy	Towards change
				Resistive/challenging	
Leading					
			Seeking communication	Making eye contact/smiling	

				Non-musical interaction
			Focused	
			Energetic/bright/vibrant involvement	
			Expressions of enjoyment	
			Partially following	
			Following	
			Mutual musical interaction/investment	
			Gentle/calm/relaxed involvement	
			Smooth/resonant involvement	
			Vulnerability	
Capacity and desire to explore	Difficulties exploring		Difficulty exploring identity	
			Inconsistency	
			Challenges with symbolism	
	Exploration	General	Representational development	Increased ability for self-representation
			Exploration and awareness	Exploring identity
				Awareness of specific aspects influencing identity
			Increased symbolic engagement	
			Musical development/individuality/variation	
			Movement extension	
		External	Humour	
			Animated/playful involvement	
			Contextual and familial identity	
			Negative given identities	
			Exploration of external features	
			Positive or safe external/environmental features	
Personal	Negative or unsafe external/environmental features			
	Dissatisfaction and expressed preferences	Dislike/rejection of identities		
		Desired future/past identities		
		Childlike presentation		
		Desire to be older		
	Expressions of confusion/aimlessness			
	Self-affirmation			

Figure 3: Presentation of the themes, and the subthemes, secondary subthemes, categories, and sub-categories into which they are divided.

The first main theme, *Therapeutic relational dynamics*, relates to the participants' behaviours of distancing and drawing closer in terms of the therapeutic relationship with me. The associated subthemes and categories refer to how participants presented themselves in relation to me and how they constructed their social identities in this context. The subtheme, *Distance*, includes decreased participation, withdrawal, interactional barriers, and nervous and guarded behaviours. All of these in some way inhibited the therapeutic relationship, creating distance between the participants and myself. At times, this distancing seemed intentional (for example, withdrawing from interactions when working with sensitive topics). However, there were also times when it happened inadvertently, due to challenges such as the language barrier.

The subtheme of *Closeness* includes autonomy, enjoyment, bright involvement, and openness to being vulnerable. Autonomy is included here, as it involved participants actively engaging with me and the therapeutic setting, promoting interaction. Even when this autonomy comprised resistive or oppositional behaviour (such as rejecting a suggestion from me), it still involved active communication. In terms of categories relating to enjoyment and bright involvement, when participants were pleased with a certain activity or interaction in a session, they became more involved and communicative. Finally, when participants showed vulnerability in sessions, discussing and working with sensitive topics, interactions became more intimate.

The second theme, *Capacity and desire to explore*, presents the findings that relate specifically to identity exploration in sessions. While the first theme deals with how participants constructed themselves in relation to me, this one focuses on how they explored and constructed identity more consciously (for example, representing themselves through symbolism), as well as how their music changed (or did not) over the study. Various techniques were used to encourage exploration, such as improvisation, song-writing, drawing, and verbal interactions. This theme is further divided into the sub-themes of *Difficulties exploring*, and *Exploration*, in order to present the challenges, strengths, and development of participants, with regards to their desire and capacity to explore and construct identity. Additionally, within this theme, different influences on identity are explored, so that the findings show how participants considered various external influences (such as family and peers), as well as more personal decisions (such as the rejection of certain identities, and self-affirmation).

## 4.5 Conclusion

This chapter began with an introduction of the participants and context of research, as well as briefly explored potentially influencing, unforeseen circumstances. I then discussed the process of analysis and presented the findings. The two main themes are *Therapeutic relational dynamics*, and *Capacity and desire to explore*. These are further explored in the next chapter, which presents a discussion based on the themes.

## CHAPTER 5

### Discussion

In this chapter, I provide a discussion of my research findings, based on the two main themes, namely *Therapeutic relational dynamics*, and *Capacity and desire to explore*. These are further divided into subthemes, as presented in the previous chapter, in order to structure and inform the discussion.

In *Therapeutic relational dynamics* I discuss the ways in which participants interacted in sessions through behaviours of distancing and drawing closer. There were fluctuations in interaction among all three participants throughout the study. Perseveration, decreased involvement, and guardedness all inhibited communication to some degree, while enjoyment and increased autonomous involvement encouraged interaction. Music therapy was a new experience for all of the participants and it is therefore understandable that they expressed tentative behaviour, especially near the beginning of the process. However, in some instances (for example, in Ann's case, when working with certain aspects of her past) guarded behaviour was evident throughout the process. While this did illustrate how participants constructed themselves in relation to me, it also inhibited identity exploration at times, as participants would withdraw from interactions. Although all participants engaged in distancing behaviours, they also all favoured certain activities and ways of interacting (such as drawing, dancing, and song-writing), so that when they were engaged in enjoyable activities, interaction was increased. As participants were more comfortable at these times, engagement in enjoyable activities also allowed for further exploration of identity.

In *Capacity and desire to explore*, I discuss the ways in which participants actively explored their identities. This mostly occurred through various forms of symbolism (working with musical sounds, clay sculpting, story-telling, and drawing), as well as the verbal processing that often followed these activities. There were various difficulties in exploration experienced by participants. While this may have had to do with the fact that certain techniques involving symbolism were new to them, in some instances challenges persisted, showing that these may have been related more to the exploration itself rather than the unfamiliar techniques used to explore. Regardless of this, however, all three participants became more comfortable with exploration throughout their processes. There were changes in their abilities to represent themselves, and they were able to identify important aspects that contributed to their constructions of identities. These related to what they thought of themselves, as well as what others had said about them and how their experiences had affected them. Additionally, to

greater or lesser extents all three identified aspects of their identities they did not like, as well as explored possible preferred identities, and engaged in self-affirmation.

## **5.1 Theme 1: Therapeutic relational dynamics**

This theme is addressed in terms of two broad areas: *Distance* and *Closeness*. The subtheme of *Distance* is informed by categories relating to decreased and withdrawn participation on the part of the clients; interactional barriers; tentative, guarded, and nervous interactions, as well as low confidence; and involvement characterised by tense, controlled, haphazard, and strained qualities. The subtheme of *Closeness* is informed by categories involving confidence and autonomy; seeking/maintaining communication and positive involvement/investment in sessions; relaxed involvement; and vulnerability.

As this research was conducted from a social constructionist perspective, identity was taken as referring to knowledge of the self that is socially constructed in terms of discourses available to the individual (Weinberg, 2012). Therefore, the ways in which participants engaged in social exchanges with me (in addition to their involvement in explorative activities) informed how they used the music therapy space to explore, construct, and perform identity.

### **5.1.1 Distance**

All three participants performed distancing behaviours during the study. These included decreased participation, withdrawing from communication, and tentative involvement. Some of these behaviours seemed to be intended by the participants, especially when they were used to avoid exploration of difficult topics. Others, such as the language barrier that inhibited verbal communication at times, were involuntary. Distancing behaviours occurred less frequently in later sessions than in earlier ones. This may have been because participants became more familiar with the new situation or, in the case of the language barrier, because certain measures were put in place to better facilitate verbal interactions. However, in some cases, distancing behaviours persisted throughout the process, showing that they were not necessarily related to the unfamiliarity of the music therapy space. In many cases, characteristics of participants in this music therapy setting were evident in both their non-musical and musical presentations. These are discussed below.

#### 5.1.1.1 Qualities of nervousness and withdrawal

Previous studies have shown that survivors of CSA often experience anxiety and low self-esteem (Jonzon, 2006; Lev-Wiesel, 2008; van der Kolk, 2005). Additionally, they can have difficulties in trusting themselves and others (Robarts, 2003; Strehlow, 2009). This can affect the therapeutic relationship, so that the survivor experiences challenges in trusting the therapist, the therapeutic space, and herself in that space. Such distrust may influence her involvement in therapy. However, it is possible for trust to develop over time as the survivor becomes more familiar and comfortable with the therapist and the space.

Similar results were found in the current study. Each participant performed various qualities of nervous, tentative, and withdrawn behaviour, as well as fluctuating trust and involvement in individual sessions and over time. Qualities of nervous behaviour included rigid, strained, and controlled involvement. However, there were differences in the types of nervousness that seemed predominant in different participants, as well as differences in the types of responses they had. There were also various kinds of withdrawal that were prevalent for each participant. Such behaviour may be expected at the beginning of a music therapy process, as the space and music therapist are unfamiliar. For the participants, all of whom had experienced CSA, as well as abandonment/orphanhood, it is possible that they may have had more difficulties trusting me and the music therapy space, due to their experiences and vulnerability.

While all three displayed wary and tentative behaviour, this was most frequently recorded for Ann, who was guarded in her music and general interactions. She often displayed a flat affect and played without much musical expression. She used a narrow melodic range, and engaged in musical perseveration, especially when playing a particular repetitive rhythm on the drum. This was often the rhythm she used when starting an improvisation and she also, at times, returned to it after briefly exploring different rhythms, displaying low confidence in musical creativity. As it was somewhat complex, and she played it fairly confidently the first time, it may have been a rhythm she had learnt previously. It seemed to become an object of comfort that Ann used for safety and familiarity in a new situation. Rhythm as “safety” was also used by Power at times, as she would frequently return to a simple basic beat when her hands became uncoordinated on the drum, as they often did, resulting in frustration. This is discussed later, but is interesting to note here, as both Power and Ann seemed to use perseveration for comfort. However, while Power used her rhythms as a base from which to explore other musical possibilities and maintain continuity and interaction in joint improvisation, Ann seemed to play her rhythm for longer periods, without a noticeable desire

to explore further. She also seemed to use it as a technique to perform herself as one who is in control. She frequently played the complex rhythm irregularly, with a surging or driving energy, and did not often wait for me, playing without a clear intention to connect. This made it difficult for me to play along and, in these cases, Ann became the expert, possibly using this to exert some power over the situation. According to Jonzon (2006), survivors of abuse often experience a sense of powerlessness, which can result in, among other things, the need to exert control over situations and other people. This may account for how Ann interacted at times, especially when playing her rhythm, which may have offered her the opportunity to exert some control. In this way, her possible need to have control in an unfamiliar environment was reconstituted in her musical interactions. Such an expression may have been difficult to achieve in verbal interactions, but was possibly more acceptable and accessible within the music, showing the affordance of music therapy to offer clients different experiences of themselves through musically symbolic means.

The way Ann would quickly revert back to her characteristic rhythm also seemed to resonate with her style of verbal interaction, which included noticeable fluctuations in disclosure. She often remained tentative and wary, displaying a flat affect, but could quickly engage in disclosure before withdrawing again. Ann may have (unconsciously) used musical improvisation to perform this aspect of her identity in relation to others. As mentioned, such behaviour is understandable at the start of a therapeutic process. However, in Ann's case, it occurred throughout her whole process, showing that it may not have been related to unfamiliarity with the music therapy space. Parish-Plass (2008) discusses how minors who have been abused, severely neglected, and removed from their families, often experience a strong distrust of adults, which causes difficulties within the therapeutic relationship. Additionally, children who have experienced abuse and neglect often have difficulties identifying and processing their emotions, and frequently display a flat affect (Jonzon, 2006; Putnam, 2003). Ann's withdrawal often seemed like an autonomous decision to reduce interaction, and may have been related to this distrust of adults discussed by Parish-Plass. However, she did seem to show the desire to share her experiences, as evidenced in her moments of disclosure, revealing possibly that she wanted to process these experiences. It is possible that her music therapy process was too short to establish enough trust in me and the space for her to open up more fully. However, Pavlicevic (1997) writes that if a thought is expressed in any way, it is kept from disappearing. Therefore, even tentative disclosure on Ann's part, and her symbolic explorations into identity, may have been beneficial to her ongoing understanding of her constructions of identity.

Gabby only occasionally displayed guarded behaviour, but frequently performed tentativeness and nervousness throughout the therapeutic process. She appeared shy, and often laughed nervously, especially when encouraged to try new musical techniques or activities. This nervousness was often accompanied by limited range of movement, urgent playing or a strained vocal timbre. Like Ann, although such behaviour may be expected in the early stages of a music therapy process, Gabby's nervous behaviour persisted throughout the course of the study, although it was reduced as she became more familiar with the space. Jonzon (2006) discusses low self-esteem and anxiety as common in survivors of CSA, so that it is possible in Gabby's case that her nervous presentation could be related to her compounded experiences, especially because such behaviour persisted throughout her process. Additionally, although she did not describe herself as "nervous" or "tentative", she did use the metaphor of her voice (discussed later) throughout the process to explore her social identity as "small", "young", and "quiet". This implied a more tentative nature, rather than the confident grown-up she wanted to portray. The metaphor of her voice is explored in detail later, but showed an awareness, as well as a dislike, of this aspect of her social identity. Although Gabby continued to perform nervous behaviours, she also seemed committed to challenging this nervousness, both in her instrumental work, and when working specifically with her voice, showing a determination to actively incorporate a "louder", more confident expression of self. She still seemed to enjoy playing/singing softly at times, but it seemed that she had not been afforded a space in her social life to explore a more confident expression of self. Had she not been afforded the opportunity to explore this in these sessions, she may have not engaged in the symbolic display of power in her last session, where she fought a beast. The full event (described later), which seemed to hold a lot of meaning for her, required an almost violent confidence. This was quite unlike her usual presentation, and may not have been possible if she had not been engaged in exploring her more confident self throughout the process.

Like Gabby, Power also frequently displayed nervous and tentative behaviours, including laughing uncertainly, playing timidly (especially when she perceived herself to be playing incorrectly), and playing with tense, rigid movements. Both also lost focus at times, resulting in musical incoordination, which further inhibited exploration. While Power also occasionally displayed guardedness when talking about her parents, her nervous behaviour was more evident in her music, and seemed to relate to her desire to play "correctly". In the early stages of her process, Power would stop to ask if her playing was accurate, if she lost the beat or felt she had made a mistake. As the therapist, it was important for me to encourage her, providing a space in which she could perform herself as she wished. However, playing "incorrectly" often resulted in frustrated sighs. It is possible that she felt she needed to play

accurately in order to be seen as acceptable. This may relate to Baron and Branscombe's (2014) discussion on social desirability, and how individuals try to hide or adapt certain parts of themselves they feel are not sufficient, in order to be seen as socially desirable.

However, it is also possible that she was displaying what Majnemer et al. (2008) described as mastery motivation, which is the degree to which an individual perseveres in order to reach her goals. Over the course of her music therapy process, Power persevered in trying to improve her improvisation skills to a degree she found acceptable. She began to move past perceived mistakes and continue playing by changing briefly to a basic beat. This ability to move past her frustrations and nurture her own capacity to achieve a sense of mastery in conjunction with her perceived mistakes, seemed to reflect her perseverance and autonomy in wanting to alter this aspect of her expressed identity in sessions. While this process may have been related to Power's desire to be "correct" in order to be acceptable, she became less discouraged when making perceived mistakes (implying that this might not be the case), while still persevering to extend her abilities, showing mastery motivation. This is related to self-efficacy, where the individual's expectations determine if she will engage in actions to reach a goal (Majnemer et al., 2008). In this case, then, Power's behaviour seemed to reveal a degree of mastery motivation, which may indicate that she had strong sense of self-efficacy, an important part of identity that reveals an individual's belief in herself.

Therefore, while all three participants showed various expressions of nervousness and withdrawal throughout their processes, Gabby, Power, and to a lesser extent Ann all engaged in certain techniques to challenge these expressions. Such behaviour may have been related to increased familiarity and trust in the music therapy space. This seems to correlate with what other studies have found (Jonzon, 2006; Robarts, 2003; Strehlow, 2009). The different ways in which participants responded to the music therapy situation, and the ways in which they performed certain aspects of their identities seemed to be affirmed and reconstituted in their musical involvement. Although certain aspects of this reconstruction in the music may have been somewhat unconscious, there were times when participants seemed more explicitly aware of their decisions; for example, Gabby's voice metaphor.

#### 5.1.1.2 A language barrier

As discussed in the previous chapter, there were challenges regarding the language barrier that impacted on the study, and especially work with Gabby. This affected her understanding of the process at times, resulting in the inability to engage with certain activities and verbal processing. For example, in one activity she drew non-specific shapes with no

accompanying explanatory words, where the other participants drew recognisable images, along with descriptive words, and were able to hold brief discussions regarding their work. This, therefore, influenced her involvement and ability for self-disclosure. It also affected my inferences, and therefore my co-construction of meaning in early sessions, as it was originally unclear whether certain behaviours could be attributed to misunderstandings or to psychological processes. While, as mentioned in the previous chapter, there were certain measures taken to improve communication between participant and therapist, there were still language difficulties throughout her process, which may have impacted the findings. Although conducted in relation to a different context, research by Bauer and Alegría (2010) is useful to reflect on in light of these challenges. In their review of research on language difficulties with non-English speaking patients in psychiatric settings, they found that quality of care can be impacted, as well as diagnosis, disclosure, patient satisfaction, and self-understanding. Similarly, the “assessment” phase of a music therapy process informs how the therapist works with an individual, and therefore, language-based misunderstandings early in a process (as happened with Gabby) can potentially affect the outcome for the client.

While early misunderstandings and inhibited self-disclosure did occur in Gabby’s case, there seemed to be an increase in self-understanding throughout the process. This was evident in her responses to the measures I took to improve verbal communication (such as using questions that had been translated into isiXhosa), as well as through her own motivation to engage in self-exploration using different techniques. Gabby’s commitment increased, as she began to use symbolism more frequently, and wrote down answers for later translation into English, in order to increase communication between the two of us. She also reported enjoyment of the process. The way that Gabby responded to the language difficulties demonstrated her investment in the music therapy process and in exploring her identity. Karver et al. (2008) found that a good therapeutic alliance facilitates client involvement in the therapeutic process, irrespective of the therapeutic approach used. A good alliance requires effort from, and trust between, both client and therapist, with early stages resting more on therapist involvement and later stages involving more of a shared sense of responsibility, as relational challenges are overcome (Bachelor & Salamé, 2000). This correlates with my findings, as the onus was originally on me to increase communication, while over time, we engaged in a shared responsibility towards interaction.

Therefore, although challenges in communication have been shown to affect client involvement and satisfaction, in this case, it was possible to address many of these by finding alternative ways to build the therapeutic alliance. Gabby’s effort to increase communication through creative means revealed a sense of perseverance and commitment,

allowing for a more thorough exploration of her constructions of identity. Therefore, although the language barrier presented a challenge, other means of communication were utilised. These afforded Gabby the opportunity to explore her identity, and experiment with preferred, more assertive expressions of identity within a safe space, and without the pressure of having to use a second language.

### 5.1.2 Closeness

In this section, I discuss aspects of the participants' behaviour that encouraged closeness between them and myself. Such behaviours here include confident and assertive involvement, seeking and maintaining communication, relaxed involvement, and vulnerability. As discussed in the previous chapter, confidence has been included here as when participants behaved more confidently, they were more engaged in sessions, encouraging interaction between us. All three participants showed increased confidence in various areas, relating to their musical interactions and decisions, their verbal exchanges, and/or their use of symbolism. This may have been due to a variety of reasons, such as becoming more familiar in the music therapy space or displaying mastery motivation (as discussed previously). Increased confidence provided for more thorough exploration of identity as participants became more comfortable with various mediums. It also led to certain autonomous decisions or actions, such as Power's request for referral to a social worker. Participants also began to exhibit more relaxed qualities of involvement and expressions of enjoyment. These contrasted with the nervous involvement discussed in the previous sub-theme, contributing to the fluctuating participation of the three girls throughout the process. Finally, vulnerability is discussed here, as this involved participants' trust in me and the music therapy space, encouraging closeness between us. All three participants engaged in disclosure of personal information, some of which they appeared to be expressing or exploring in a certain way for the first time. In almost all cases, disclosure accompanied various symbolic activities (mostly using music, art, and sculpting), showing that the use of the symbolic may have been particularly important in affording participants a non-verbal opportunity to explore difficult topics and express certain aspects of their identities in new and creative ways.

#### 5.1.2.1 Confidence and autonomy

As discussed in the previous sub-theme, many studies have found that survivors of CSA experience low self-esteem and find it difficult to trust themselves and others (Jonzon, 2006; Lev-Wiesel, 2008; Robarts, 2003; Strehlow, 2009). However, both Robarts (2003) and Strehlow (2009) found in their case studies that over time, their clients' trust increased, and

participation became more meaningful. While this was generally evident in the current study, there were certain elements of confidence present from the start of the study, as well as areas in which confidence did not seem to increase over time. Participants' confidence also seemed to fluctuate over time, and in response to certain activities and topics.

Participants performed themselves as confident in various ways throughout the study. Such expressions included musical confidence (such as playing crescendos and initiating changes), autonomous decisions regarding the desire for change, and active resistance of certain elements of their processes and identities. There were a few specific elements of musical confidence that were unique to individual participants. Both Power and Gabby showed increased musical confidence throughout their processes. In Power's case, over time she no longer asked me if she was playing correctly, while Gabby was able to reach a point where she could sing confidently and teach me a new song. This was unusual for Gabby in light of her presentation and perceived social identity. While her behaviour could be attributed to her increased familiarity with the space, the autonomous behaviour that she seemed to develop in sessions was unlike that which she discussed enacting in daily life, implying that it was a new experience for her. This seemed to show not only that she had the ability and desire to challenge this aspect of identity, but also that music therapy afforded her a creative way of exploring her preferred identity in a safe environment. In Power's case too, her confidence may have been related to increased familiarity or, as previously discussed, it may have involved mastery motivation. Regardless of the reasons, both participants' actions revealed a determination to take risks in the music therapy space. This afforded them new experiences of themselves, more notably in Gabby's case, especially because she verbalised that her confidence in sessions contrasted her timidity in daily life.

Ann mostly appeared to show confidence when doing "individual" work (for example, writing her own lyrics or drawing her own picture), rather than during joint participation (for example, improvisation). The one exception to this was when playing her perseverative rhythm during improvisation, possibly because it was an element of the music in which she was the expert and could take control. Therefore, while Ann often interacted guardedly, this was not the case when working on individualised creativity. She also expressed disagreement when she was dissatisfied with suggestions from me (as did Power, to a lesser extent), and in these ways took responsibility for what she created, exerting her power over those sections of the sessions. Other studies have described the need for control and mastery among survivors of CSA, suggesting that powerlessness and lack of trust in their own bodies following CSA may lead to survivors trying to exert control over other people and situations (Jonzon, 2006; Roberts, 2003; van der Kolk, 2005). Strehlow (2009) writes that it is common at the start of

therapy for survivors of CSA to take control, rarely speak, and leave little space in the music for the therapist, in order to transfer their feelings of powerlessness to the therapist. These behaviours were to a certain extent displayed by Ann, as she left little space for me when playing her rhythm, and seemed to take control where possible. She also rarely spoke and, as she seemed to have a fair grasp of English, this was probably not related to a language barrier. Therefore, it is possible that her desire to exercise agency and control may be related to the potential experience of powerlessness that often results from abuse. In addition to this, Ann seemed to exhibit mastery motivation at times, which could also reveal a sense of self-efficacy, or belief in her own ability. She repeatedly seemed to take ownership of her work, including songs and drawings, and displayed a perfectionist nature when striving to create exactly as she wanted to create.

In addition to general ways in which participants constructed themselves as confident in sessions, they also made more specific autonomous decisions towards change, or of resistance. Posttraumatic change (PTC) refers to the recovery process of survivors of abuse, including making sense of the trauma and its implications, where both positive and/or negative change can occur (Simon, Smith, Fava, & Feiring, 2015). While various negative consequences of CSA have been discussed, positive change may be seen, for example, in personal strength, or in survivors' ability to form meaningful relationships (McElheran et al., 2012). Both Power and Gabby engaged in actions that revealed the desire to move towards change in certain areas. Power recognised the value of her music therapy process, associating it symbolically with growth in her final session. She also engaged symbolically and through song-writing to represent other positive aspects of her journey such as personal victory and power, which seem to correlate with the common features of PTC described by McElheran et al. (2012) above. Additionally, Power was the only one to request referral to a social worker in order to further explore issues regarding her parents' deaths that she was not yet ready to address. She expressed the desire to let go of the sadness surrounding their deaths and the emotions associated with being teased about it by her peers. The stigma she experienced in relation to having been orphaned seemed to cause further negative emotional effects, and according to Link and Phelan (2001), such stigma may become internalised over time, impacting identity construction. Her expressed desire to let go of the stigma and pain seemed to reveal a shift in her thinking about how her parents' deaths were incorporated into her life. Power had never been in any form of therapy even though she arrived at the foster home about seven years ago, having endured CSA, and experienced the deaths of both parents. This was the first time she requested a referral for ongoing therapy, revealing a desire to challenge the social discourse made available to her as "an orphan". Therefore, it is possible that her music therapy process, and the different ways she

was able to explore and perform herself, provided a catalyst that encouraged her decision to actively begin a longer therapeutic process.

Gabby engaged in two noticeably autonomous processes, the first of which involved the use of her voice as a metaphor of identity, and is discussed later. The other occurred in her last session, following the creation of a sonic sketch<sup>12</sup>, in which three of the images were a “beast”, a shark, and a dolphin. When asked about each, Gabby described the shark as dangerous, and the dolphin as a helper, relating it to her house mother who was seen as a protector. However, the actions taken against the beast were specifically notable. Gabby described it as bad, with one eye and large ears, nose, and mouth, saying that he had a dirty house. I asked what Gabby would like to do to it, to which she responded that she would like to chase it out of its house and fight it.

Using the drum as a symbol of the beast, Gabby punched the instrument relentlessly and, once her fists became too painful, she accepted a drumstick from me and continued to hit it until she was satisfied. She then chose a pink pencil (the colour she used throughout the process to represent herself) and stabbed the picture of the beast until the pencil broke, after which she covered the image in pink glitter and scratched over it with a purple screwie. Finally, after expressing the desire to let go of the beast and shark, she drew them on a balloon that she then released as a symbol of her letting go. These drawings were different from the originals, in that the shark was drawn without its sharp, jagged edges, and the beast was not given a mouth, as though to disempower them. Gabby seemed to enjoy and resonate with this idea of disempowering them. As her voice had grown throughout the process, the beast’s voice had been taken away.

Although this symbolism is explored speculatively, it was clear in this session that the beast represented something important to Gabby; she had not previously engaged in any type of “aggressive” behaviour, and was even tentative when hitting an instrument too hard. However, concerning the beast, she continued to hit the drum as hard as possible, and was also unapologetic about breaking the pencil, which was unusual compared to her character throughout the rest of her process. Additionally, she likened the dolphin in the sonic sketch to her foster mother (a real person), who protected her from shark-like danger (presumably

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<sup>12</sup> Briefly, this activity involves drawing a number of pictures to the same number of contrasting musical excerpts, in relation to a predetermined theme (in this case, what had been significant for Gabby during her music therapy process). Afterwards, open questions are used by the therapist to encourage participants to discuss possible meanings and interpretations of the drawings and their significance. For a more comprehensive description of a sonic sketch, please see dos Santos and Lotter (2017).

also referring to something real). Therefore, Gabby may have used the symbol of the beast to construct another aspect of her reality, towards which she clearly felt a lot of anger, and over which she was able to exert some symbolic control in the session. Symbolism is useful in instances like this, as verbal therapy may sometimes be seen as threatening, especially when focusing on difficult themes. Working symbolically provides a safer space for survivors of CSA to explore these topics without having to necessarily verbalise meaning (Singh, 2001). Therefore, this event, while not verbally processed, may have been meaningful to Gabby, as she was able to explore, face, and symbolically defeat the beast.

Ann, in addition to her sudden brief moments of both verbal and creative disclosure and exploration, also performed resistive autonomy. This resistance was sometimes clear in her music-making, for example where she rejected my suggestions during song-writing, or when she played her rhythm loudly over my music, and seemed not to hear, or to ignore, the changes I introduced. This sometimes prevented connection and, as previously mentioned, may have been related to the possible need to exert control over the situation, or to resist intimacy due to distrust. Additionally, when encouraged to engage in an improvisation on the theme of anger (an emotion mentioned in relation to some people calling her an “ugly girl”), Ann played the shaker with a flat affect. As I asked her open questions while we continued to play, it seemed that although her anger felt to her like it was grinding inside, she refused to allow it out, from fear that others would no longer like her. She actively resisted any exploration of the feeling apart from performing it as grinding. After this, I asked Ann what it felt like to be glad about herself (something she had said was important), to which she responded, “It means everything”. In these interactions, apart from expressing the importance of her social identity and wanting to be liked, and to like herself, Ann actively resisted exploration out of fear of disapproval. Although it cannot be assumed that her responses were the result of her experiences, it is possible that the experience of being abandoned and sexually abused contributed to her desire for approval, in order to avoid future rejection.

Therefore, each participant exhibited various displays of confidence and autonomy, both within the music, and in terms of broader decisions. The most salient for each of them seemed to be Power’s decision to explore her experiences further with the social worker; Gabby’s symbolic fight against the beast; and Ann’s decision to maintain her safety and social acceptability, even though this prevented further exploration of her emotions and experiences. In each of these cases, music therapy afforded participants creative, non-verbal ways of exploring their identities, providing a less threatening space in which these explorations could occur.

### 5.1.2.2 Qualities of enjoyment and increased communication

In comparison to behaviours that inhibited communication between client and therapist, there were also behaviours that encouraged connection, as well as various expressions of enjoyment and relaxed involvement, contrasting the nervousness discussed previously. Gabby and Power (who was quite talkative) were friendly and engaging, although the language barrier inhibited verbal interactions with Gabby at times. They frequently made eye contact, often smiled, and seemed to observe both their own and my playing when improvising. Alternatively, Ann seemed to avoid eye contact, and mostly focused on her own playing during improvisation. While there did seem to be some enhanced interactional stability over the course of her process, this was still frequently punctuated by withdrawal.

Communication was also promoted when participants were engaged in enjoyable or relaxing activities, and they displayed various expressions of enjoyment, including smiling, laughing, and vocalising pleasure. There were differing degrees of enjoyment and relaxed involvement among participants throughout their processes. Ann often expressed only momentary enjoyment of client-therapist musical interactions, but did express delight in relation to dancing, song-writing, and the expressive arts in general. It seemed that although she enjoyed the content of sessions and the activities used, she found the therapeutic relationship challenging, and only sometimes engaged in a relaxed manner, while mostly remaining tense. Challenges in the therapeutic relationship have been noted by other researchers regarding children who have endured CSA, as they experience difficulties with trust (Robarts, 2003; Strehlow, 2009). It was important during the current study to be aware of such challenges, affording participants a welcoming space to perform themselves as individuals who chose not to trust at times, and not withdrawing when they decided not to trust me. However, Ann would have moments of disclosure, often in relation to activities involving symbolism (such as using certain sounds to represent emotions or sculpting to music). Strehlow (2009) discusses the use of music therapy with children who have experienced CSA, writing that it may be used to express themes that cannot be verbalised, modulating difficult experiences and emotions without having to necessarily talk about them. This creates a less threatening space for self-expression. In Ann's case, then, it may have been this non-verbal, more symbolic aspect of the therapy that encouraged her to explore her experiences with me, while it was the verbal processing after symbolic activities that appeared to cause withdrawal. This showed the importance of the use of symbolism, as verbalising was at times too difficult for Ann.

In contrast to the challenges she seemed to have regarding closeness, Ann did seem to desire it, at least partly, as evidenced by her fluctuating involvement and disclosure. Additionally, in one instance, Ann took a piece of clay when she left, without telling me, after refusing a piece that I had offered her when preparing to end the session<sup>13</sup>. This may have reflected a desire to both resist and seek connection, as well as to extract an element of the session that had been important to her (in this case, a piece of clay used to represent safety and strength). McCullough (2009) discusses the Winnicottian transitional object as an object to which an infant forms an attachment, which represents the infant's mother and helps to alleviate anxiety during times of separation. It also promotes autonomy, as the infant and not the mother has control over it. This concept may be applied to other life stages or relationships, such as the relationship between client and therapist. Ann removing the clay may have been representative of the desire to retain the symbol of safety created in the music therapy space, while still maintaining autonomy by refusing my offer. The theme of safety seemed significant and emerged at other times during her process. This correlates with van der Kolk's (2005) findings, which also claim that the need for safety is common among survivors of abuse.

Gabby and Power seemed to experience a greater degree of trust in me and the music therapy space, and often interacted in a relaxed manner. This was more noticeable as sessions progressed and confidence developed, and was seen in both verbal and musical interactions. They also expressed much enjoyment throughout the process. While the language barrier prevented Gabby from expressing herself at times, both she and Power frequently smiled and laughed, and engaged with bright and energetic involvement. Both were proud of their song-writing experiences, and pleased by my descriptions of the changes in their music as they began to exhibit more confidence in various ways, possibly showing what Majnemer et al. (2008) described as mastery motivation and a sense of self-efficacy. Power, particularly, also expressed enjoyment of the therapeutic process, its artistic nature, and the relationship. It may have been this enjoyment that encouraged her, for the first time, to request a referral to a social worker. This may reveal the possibility that arts-based therapies could provide a more enjoyable introduction to the therapeutic space for adolescents, who may not initially be as drawn to verbal therapy. Singh (2001) writes that children may not feel as safe within the verbal realm as they do in the symbolic realm, when exploring challenging topics. Being introduced to the therapeutic space through music

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<sup>13</sup> I offered her a piece of clay as a reminder of a symbolisation activity that she did not seem to want to move on from, and which seemed important to her, as we were nearing the end of the session.

therapy may have afforded Power a less threatening symbolic experience, from which she became more confident to move to verbal therapy.

Gabby was particularly pleased with her exploration of “loudness”. This did not come naturally to her, and was part of the representation of what she wanted to be (having a bigger voice, and being a grown up). Przybylski, Weinstein, Murayama, Lynch, and Ryan (2012) discuss the actual and ideal self as the characteristics a person has and the characteristics a person wants to have, respectively. Congruence between these two selves results in an increase in self-esteem, while incongruence leads to feelings of disappointment. Social contexts in which competence and autonomy are encouraged can reduce discrepancies, leading to feelings of joy. Although this perspective assumes a more essentialist understanding of the self, it may be useful here in terms of how Gabby constructed herself as a real self and ideal self. Working with the contrasts between her two explored selves played an important role in her exploration of her identity and preferred identity, and she showed pleasure in minimising the discrepancy between the two. She began to express herself more loudly through instruments and voice, and responded with pride when I acknowledged this. She seemed pleased with her ability to symbolically perform the identity she preferred, as though increasing congruence between the two selves.

Finally, in all three cases, there were many moments where the participants followed my musical changes, or engaged in mutual musical decision-making. As in other areas of connection, Power and Gabby more often engaged in following me, while Ann showed more resistance. For Gabby and Power, their interactions may have shown the greater comfort they experienced in sessions, as compared to Ann, as well as possibly a greater need to please me. In order to gain social acceptance, individuals often try to present their best selves and, when they feel that there are certain aspects of themselves that may be rejected, many hide these characteristics to try to make themselves more desirable (Baron & Branscombe, 2014). This may relate to how individuals construct themselves in relation to the Discourses socially afforded them, where dominant Discourses determine what constructions of the self are acceptable. Therefore, it is possible that Gabby and Power’s amicable interactions reflected their desire for acceptance, revealing the potential value they placed on social validation. However, even if this was the case for Gabby and Power generally, in sessions they did begin to challenge me more often, showing that their interactions may not have been driven by the desire for acceptance, but rather trust in the music therapy space, until they were ready to further explore autonomy and interact more independently.

Ann, was less “accommodating” of me, challenging me more often than the other two. However, she would sometimes engage on more mutual terms, so that some decisions were arrived at following negotiation. This was most noticeable during song-writing. While it was previously suggested that this approach to her work and the therapeutic relationship may have resulted from her possible need for control following her experiences, it is also possible that she felt a sense of pride, mastery motivation and self-efficacy in relation to her work. The only time that this was evidently not the case, was during one activity when Ann declared that she was unable to draw herself (even though she already had), and gave up on the activity until I introduced suggestions for the use of symbolism. This is described later, but in terms of mastery motivation may reveal a sense of disconnect from herself. Even though she had drawn the picture, she did not seem to know how to relate to it or recognise it as herself. According to Tantia (2014), in cases of bodily trauma, the body may become “unsafe”, so that survivors often become disconnected from themselves. Even focusing attention on the body can be seen as threatening and could be challenging for survivors. This may have been the case for Ann, as she more easily symbolised herself as various objects, but found it quite difficult to symbolise herself as a person, possibly showing a sense of disconnect from herself. According to Hubbuck (2009), one way to work with the “unsafe” body is through artistic play. Being able to create something can provide the survivor with a sense that her body is still capable of providing her enjoyment. I found this in my study too, where participants all reported the most enjoyment in relation to song-writing (including selecting and playing certain instruments), and dancing, expressing their pleasure with being able to create something new and aesthetically pleasing.

Overall, enjoyment was expressed by all three participants, although this was more evident for Power and Gabby. It was most often expressed in relation to the ability to be creative and achieve mastery through various techniques. Power and Gabby also expressed enjoyment in the therapeutic relationship itself. Among other things, enjoyment seemed to promote communication between the participants and myself. Although Ann remained fairly wary throughout, the arts-based nature of music therapy encouraged moments of connection, disclosure, and self-exploration, as well as promoted self-efficacy.

#### 5.1.2.3 Vulnerability and disclosure

As discussed in the previous chapter, “vulnerability” here refers to moments when participants disclosed sensitive information or painful memories. Due to the nature of these memories, they were not frequently explored, and participants could become tired when exploring them. As mentioned previously, difficulties with trust have been discussed as

prevalent among survivors of CSA and abandonment (Blackie, 2014; Roberts, 2003; Strehlow, 2009). This was most noticeable in the current study with regard to disclosure of vulnerable information, which was not often thoroughly explored, as participants withdrew suddenly, or began to cry. This then prevented further exploration, rather requiring containment and holding on my part.

Of the three, Gabby disclosed verbally the least frequently, possibly due to the language barrier or difficulties with trust and needing to protect herself (especially because she was the newest member of the house). However, there were moments of disclosure, such as mention of a brother who had been important to her, but whom she no longer saw. Additionally, during the sonic sketch activity (regarding the beast), Gabby seemed to engage in more disclosure than she had previously, in terms of her actions (such as behaving aggressively and being unconcerned with breaking the pencil). This seemed possibly to show increased trust and a willingness to be vulnerable in the session, as well as the usefulness of symbolic acts. As discussed previously, symbolism is useful with survivors of CSA, as material might be too difficult to recall verbally, and symbolic work may be seen as less threatening (Singh, 2001). Therefore, the importance of symbolism in allowing for vulnerable material to be explored and processed cannot be overstated. In Gabby's case, it allowed for a significant action (fighting the beast) to take place. This action could not be verbally processed due to the language barrier and the fact that it occurred in the final session. According to Pavlicevic (1997), musical actions in music therapy may be diluted through verbal processing, as this could detract from the experiential aspect of the act in the moment it is being performed. The profoundness of Gabby's actions (beating the drum and stabbing the picture) may have been undermined if verbal processing had been attempted. When Gabby later re-drew the beast and shark, she removed the shark's spikes and the beast's mouth, possibly removing certain elements of their power. According to Pavlicevic (1997), when a thought is "embodied" through any means (including speech, sound, and action), it is afforded power and prevented from being repressed. In Gabby's case then, the act of beating the beast and the visual representation of it being silenced may have been sufficient in this case to allow for some degree of mental processing of the experience.

Power and Ann also showed vulnerability (including crying) at times, with Power discussing her parents' deaths and the attached stigma, and Ann, her abandonment. Although Power wanted to explore this topic, she was not yet ready, rather requesting referral to a social worker, in order to explore it at a later stage. This may have been due to the unfamiliarity of the situation and myself, especially because Power only had five sessions. She may have not felt secure enough in the therapeutic relationship to further explore the sensitive material

with me. However, Power not only requested a referral but actively followed up on it. This showed that she was motivated to continue exploring at a later stage, and possibly in a therapeutic relationship that was not restricted to only five sessions.

Ann, on the other hand, often had moments of sudden verbal disclosure, expressing the most vulnerability over the course of therapy, although she would then usually withdraw. She mentioned her abandonment fairly frequently, referring to “being lost”, and discussed feeling sad and ashamed. Feiring (2005) writes that shame, which is a judgement of the whole self, results when individuals believe they have failed in any way. In cases of child maltreatment, the child may come to see herself as inherently bad to have been deserving of the abusive act. Therefore, having been sexually abused and abandoned may have caused Ann to experience feelings of shame in relation to the perceived idea that she was in some way responsible. Additionally, she disclosed the confusion she had felt when she found out about her biological mother, as she had grown up believing her grandmother was her birth mother, and although she experienced pain and shame, she also expressed the desire to see her birth mother again one day.

Ann usually engaged in disclosure following symbolic activities, and one that allowed for further exploration of her abandonment experience involved using clay to represent herself, her mother, her feelings, and her support system. Figure 4 shows the final figures created.

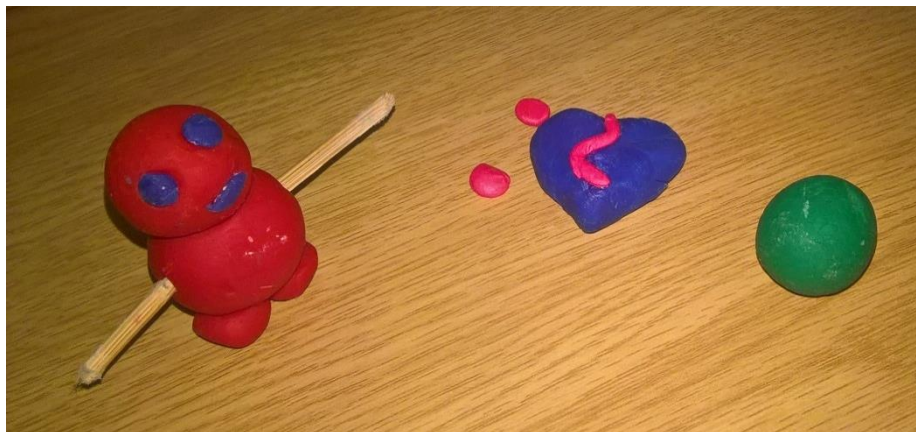


Figure 4: Ann represented her mother as a red snowman, saying that she remembered her liking the idea of snow. She represented herself as a blue pizza (blue was the colour she had identified as representing herself) with pink dots. This was then reshaped into a broken heart, to represent her sadness at being lost by her mother. The green ball was made to represent Ann's friends (they often played ball games together), and their support.

This activity afforded Ann a space to tangibly explore her experience of abandonment, increase her ability to use symbolism, and engage for a longer time in verbal processing

before withdrawing again. The objects removed the focus from her directly, which may have provided a less threatening space in which to explore, and there was a sense of process from beginning to end. At times when the focus was on her, Ann seemed to have difficulty expressing herself or exploring her identity. She was mostly able to represent herself as an object, but struggled to represent herself as a person. Figure 5 shows one attempt after completion. However, during the activity, Ann had drawn the central image and then said that she was incapable of doing so, as though unable to identify the figure as herself. She also seemed distressed by this inability, until I suggested using colour to represent various aspects of the picture.

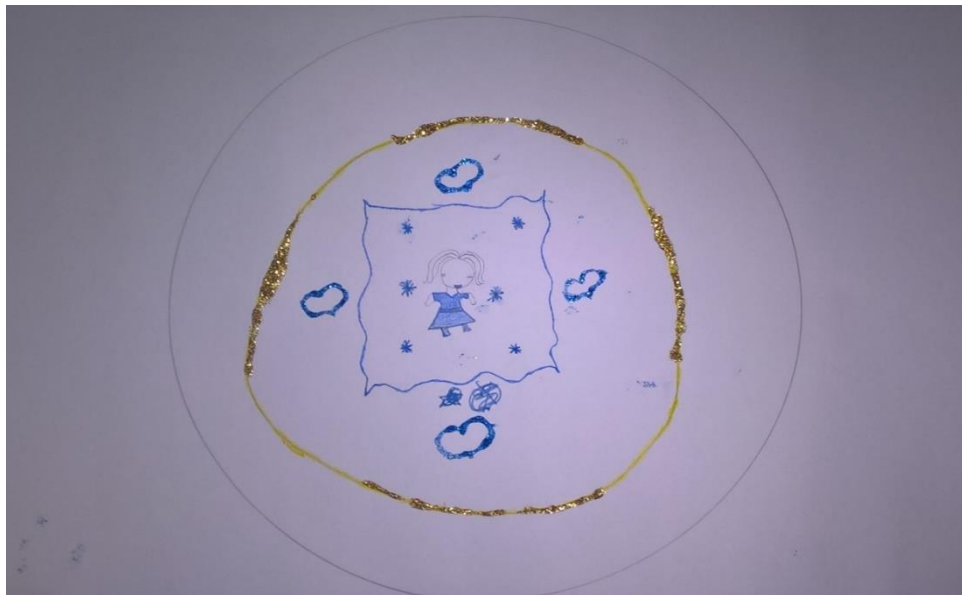


Figure 5: Ann found it difficult to represent herself as a person, but once she began to add colour, she found the activity easier. She used blue (pencil, screwie, and glitter glue) to represent herself; gold to represent strength, and left the final circle white to represent peace.

Blackie (2014) writes that children who are abandoned often experience disintegration regarding being unwanted and unknown. This relates to identity, and in conjunction with the dissociation sometimes associated with CSA may result in more severe consequences. Multiple trauma can lead to a sense of disconnection from the self, body states, and emotions in children (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005). Additionally, according to Tantia (2014), children who have experienced CSA can find it difficult even to focus attention on the body and acknowledge themselves in the present moment. For Ann then, it is possible that she was experiencing a sense of disconnection from herself, following her traumatic experiences, which resulted in challenges representing herself and therefore in exploring identity. Incorporating colour allowed for some of the focus to be shifted from her, while she was still able to explore her emotions further.

Finally, Ann expressed a fear of being disliked if she released any anger she felt. Musically, her anger was represented as quiet grinding. Her desire to be accepted may stem from her experience of being abandoned twice and she may have felt the need to conceal certain unwanted aspects of herself in order to avoid rejection. In the case of her music therapy process then, the need to remain likeable continued to be more important than the possibility of allowing her anger to be expressed, even though I was the only other person present. This seemed to reveal how important this need was, and how it interacted with her social identity to ensure that she remained likeable, possibly in order to prevent future rejection.

Therefore, although participants had to have experienced CSA in order to participate in this study, all three seemed to focus on issues of belonging instead (abandonment, “home”, orphanhood, and family), revealing that this aspect of their multiple traumas may have been more prevalent for them, or easier to explore. Williams et al. (2007) write that there is little research into treatment of multiple traumas, as they are often addressed in isolation, when they should be considered in relation to each other. By addressing the dominant features presented by participants in the current study, along with the possible attributes of CSA as a common experience between all participants, this research attempts to address multiple traumatic features in conjunction with one another. All three participants found belonging to be important in terms of abandonment/orphanhood. If (from a social constructionist perspective) individuals construct identity from the discourses socially available to them, group membership is an important aspect of identity construction. Additionally, social support, including belonging, has been found to be significant in determining outcomes for survivors of CSA (Jonzon, 2006; Nair, James, & Santhosh, 2015). This seems to imply the importance of addressing belonging in cases of both CSA and abandonment/orphanhood, and all three participants explored issues of belonging fairly frequently, revealing the importance of this aspect of their lives in making sense of their experiences, and in their constructions of identity.

## **5.2 Theme 2: Capacity and desire to explore**

This theme is also discussed in relation to two broad areas: *Challenges in exploration* and *Exploration*. The first is informed by categories that address specific difficulties in exploring identity and challenges with symbolism. *Exploration* is informed by categories that have been further divided into three groups: *General* (development of music, movement, representational ability, and engagement; exploration and awareness of identity; and playfulness); *External* (contextual/family identity; afforded identities; and exploration of external features influencing

identity); and *Personal* (dissatisfaction with current identities, and preferred identities; expressions of confusion and aimlessness; and self-affirmation).

### 5.2.1 Challenges in exploration

There were various difficulties in exploration encountered by participants, particularly in relation to symbolism and self-representation. This seems to support previous studies that have found that symbolism and the ability to focus on the self (and therefore construct it symbolically) may be difficult for survivors of CSA and multiple trauma (Parish-Plass, 2008; Tantia, 2014). This may be due to circumstances that lead to the body being perceived as unsafe. In this case, survivors find it challenging to give attention to any aspect of themselves, affecting symbolisation of emotions and self-representation. While this may have been the case for the participants in the current study, it is also important to acknowledge that their difficulties may have also had to do with the fact that symbolism was a relatively new experience for them.

Of the three, Power displayed the fewest difficulties in exploration. However, she did ask to postpone exploration of her parents' deaths until she met with the social worker after the study, making it clear that she wanted to explore the topic, but was not yet ready. Both Gabby and Ann seemed to more clearly experience difficulties in symbolism (with Gabby's ability also affected by the language barrier). However, in both cases, their abilities increased as sessions progressed, making it easier for them to explore their experiences and constructions of identity.

One noticeable potential difficulty for Gabby was found in the difference between her musical and non-musical presentations at times. There seemed to be some inconsistency between the two, such that her playing would sometimes drown out her voice, or her music would not suite the emotional content of her lyrics when engaged in song-writing<sup>14</sup>. With regard to her voice then, this prevented her from exploring and developing it as she wanted, especially in earlier sessions. While this may have been inadvertent, it also may have been a protective measure, as working with her voice seemed to evoke nervousness. This was addressed in an activity in which we only used the voice and minimal instruments. Gabby began to move slowly past her

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<sup>14</sup> In one case, Gabby's lyrics were (translated): "It is tornadoes; it is upside down/Day and night, you are on my mind/I'm drifting away/I may have made mistakes". However, although these lyrics sounded somewhat negative, she requested that the music sound happy, and sang with a smile on her face. Following this, there was the need for an extra line, and I suggested, in line with Gabby's music, a more positive line that she seemed to enjoy from another song (translation: "But I am lucky"), to which she happily agreed.

tentativeness and engaged in more confident behaviour that was present for the remainder of her process. With regard to the inconsistency on her song-writing, the lyrics were in isiXhosa and she understood what she was singing, so that it could not have been influenced by the language barrier. Therefore, the event may reveal a degree of disconnect from herself and difficulty expressing herself. As previously stated, children who have endured CSA or multiple trauma often experience a disconnect from the self, including an awareness of the body and emotional processes (Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005; Tantia, 2014). This also seemed possible for Gabby, Ann, and to a lesser degree Power, showing that my research did to a certain degree support the literature in this case.

With regard to the challenges Ann experienced, she seemed more aware of them than Gabby did. She had trouble representing herself (as discussed previously) and seemed distanced from the drawing shown in Figure 4. Additionally, she was unable to identify what might have better represented her, adding to the sense of disconnect she appeared to be experiencing. In addition to this possible interpretation of her difficulties, symbolism was also a new experience for her and this practical aspect may have also influenced her ability to explore her own identity, especially if such exploration was already difficult for her. However, it also offered a new way to explore herself that, while often resulting in withdrawal, did seem to encourage her towards further exploration. For example, in the above-mentioned activity, although it had been difficult for Ann to engage in self-representation and exploration, she was able to briefly discuss her experience.

### 5.2.2 Exploration

This sub-theme explores the various ways in which participants actively explored their identities. It is divided into three secondary sub-themes. In the first secondary sub-theme, *General*, I discuss the ways in which participants developed in their abilities to construct themselves and their experiences in sessions, as well as how they showed awareness of certain important aspects of their identities. In all three cases, the ability to use symbolism developed, encouraging further exploration of identity and experiences. This was achieved through techniques, such as song-writing, clay work, and themed improvisations. Each participant showed preferences for different techniques, allowing for more varied exploration of identities in accessible ways. Humour also helped facilitate exploration at times, as sensitive material could be contrasted with playful interactions, which relieved nervousness.

The secondary sub-theme, *External*, involves important external influences named by participants to be important in shaping their identities. Both Ann and Power spoke frequently

about “home”, in terms of their previous and current homes, as well as their families. These were recognised as important influences in their constructions of identity, and peers were also discussed as both negative and positive influencing factors.

Finally, *Personal* focuses on how participants used music therapy to challenge, accept, or reject certain constructions of identity that had been prevalent in their lives, as well as explore other desired identities. This section also briefly discusses self-affirmation, as all participants engaged on occasion in self-affirmation, although this was most prevalent for Power, and least for Gabby.

#### 5.2.2.1 General

Over time, all participants seemed to experience an increased ability for symbolism, self-representation, creativity, and exploration of identity. Ann was better able to construct herself as a person, rather than an object (such as pizza or a flower), and also showed a greater ability to express positive self-regard. In contrast to the shame she felt regarding being lost, she also later recorded “I am glad about myself”, something that “meant everything” to her. Additionally, Gabby’s vocal ability developed, and Power became more confident in her musical explorations. In both cases, the increased confidence supported identity exploration.

Participants had preferences for certain techniques used in sessions to explore identity. Power enjoyed song-writing, drawing, and verbal work. She was easily able to discuss her self-concept (speaking positively about her morality and intelligence), her role model (her foster mother) and her desire to become a social worker, while avoiding difficult topics. However, when working symbolically, she seemed to become more emotional at times, especially regarding her parents. Her exploration of difficult material through the symbolic may have been due to the fact that the symbolic realm is often perceived as less threatening than the verbal realm (Singh, 2001). She may have used more accessible symbolic techniques to explore difficult topics that she felt were important, even though she was often unable to explore them fully. Therefore, Power seemed to benefit from a range of verbal and non-verbal techniques, to explore experiences and perceived strengths and weaknesses. She showed strong motivation to take advantage of the music therapy process and explore as far as she was comfortable, before requesting a referral to continue working on important topics after the study was complete.

Ann portrayed herself in a number of ways, such as a red flower and the colour blue. Earlier in her process, she seemed to prefer colourless drawings, narrow melodic ranges, and had

greater difficulties with symbolism (which was a new experience). She often performed herself as guarded, and less creative expression may have seemed a safer option to her, in comparison to more varied exploration, impacting the extent of exploration in sessions. Later, however, although her musical preferences seemed to remain the same, she began to use colour more, and her ability to symbolise increased, although musical difficulties remained throughout. Colour and visual work, therefore, were used to enhance the exploration of various topics, and in one instance resulted in lyrics that discussed her finding safety in her home, strength in laughter, and wellbeing with her friends. This may have been difficult to explore in a purely verbal way, as Ann frequently withdrew from conversation. This seems to suggest that using colour afforded Ann the space to more safely explore certain aspects of her identity. It also informed song-writing, which allowed her to record certain aspects of her exploration in a memorable medium that may encourage further exploration in the future. This shows the importance of the creative techniques used in music therapy to afford her new ways of exploring who she was, and supports Singh's (2001) assertion that the symbolic realm is perceived as safer than the verbal, allowing for greater exploration of sensitive topics.

Like Power, Ann, in another song, also chose lyrics that referred to falling but being able to rise again, as well as feelings of weakness that she sometimes experienced but was able to combat by laughing with her friends. These friends were mentioned occasionally, both as a source of support, and as a sounding board for self-validation. Ann highly valued her physical appearance and how others saw her. She seemed to enjoy the fact that others found her beautiful, and used the symbol of the "beautiful red flower" (something her friends had called her) to describe herself. Additionally, as mentioned earlier, Ann made it clear that she would not explore her anger, as she was afraid that others would like her less for it. Therefore, it seemed that Ann placed a high value on social acceptance and support, and wanted to maintain her social standing. Weiten (2010) discusses the importance of physical appearance, writing that attractive people are ascribed more desirable personality traits than less attractive people, making them more popular. When people believe that some aspect of themselves may cause them to be rejected by others, they often try to hide this attribute to avoid rejection (Baron & Branscombe, 2014). It may be, in Ann's case, that her need to be perceived as socially desirable caused her to prioritise her physical appearance, and may have prevented her from admitting anger when she felt it, in order to avoid rejection. This could have been prevalent for her, as the desire to avoid rejection by her current support group may have been informed by being abandoned by her mother/s. Ann recognised this abandonment as having shaped her identity, which allowed for the subject to be explored in later sessions. Even though this exploration was not very thorough, and mostly resulted in

withdrawal, it still afforded Ann different ways of thinking about her experiences, and led to her briefly exploring feelings of loss, shame, and the desire to see her mother again.

Gabby also constructed and explored her identity in a number of different ways, such as her voice and musical improvisation. She mostly explored age-related identities, expressing that she specifically did not like her current identity (see Figure 6 for Gabby's portrayal of herself at three different life stages).



Figure 6: In this activity, Gabby drew three pictures of herself to represent past, present, and future selves. Her present self (middle) was described as her least favourite, and before I had asked about her preferences, Gabby had already drawn that self without a smile, while the other two were portrayed happily, further demonstrating her feelings towards her current social identity.

The reason for this dislike was that she was constructed by others as a child. This was symbolised in sessions by her childlike voice, which represented feelings of littleness and not being taken seriously. During music therapy, however, she began to explore different voices and how they might allow her to construct herself, extending her vocal range and dynamics, as she was motivated to construct her social identity differently in the future. Baron and Branscombe (2014) discuss the importance, when considering possible selves, of seeing the desired future self as attainable. This may, from a social constructionist view, relate to the idea that individuals can only construct identities (for example, the future desired self) from the social discourses available to them. In Gabby's case, the discourse available to her from her peers (the one she was resisting) assisted in the construction of the quiet, childlike

Gabby. However, through her music therapy process, she seemed to begin to view her desired self as attainable, for example, through her ability to visualise her desired adult self. This afforded her the opportunity to further symbolically develop her desired self, becoming more vocally confident and assertive, and in a few instances, taking on a teacher role in sessions, and conducting me in song.

For all three participants, exploration of identity was accompanied by creative development, individuality, and variation in different ways. This included increased technical proficiency; extended and individualised improvisations; improved communication; and increased physical expressiveness. Power engaged instrumentally for longer periods; Ann was able at times to extend her characteristic rhythm, possibly also showing more trust in the music therapy space; and Gabby's began to "challenge" me more in the music, showing increased confidence and creating more equality. This creative development may be attributed to a number of aspects, including increased familiarity with the music therapy space, and increased trust. It is important in cases of CSA to afford survivors a space in which to develop confidence and trust, as they often experience low self-esteem and wariness following the trauma (Jonzon, 2006; Strehlow, 2009). Music therapy can offer this in a number of ways, for example, through the mastery of musical elements, song-writing, and role play.

One final aspect that helped to facilitate exploration of identity was humour or playfulness. There were moments of humour and animated expressiveness recorded for Power and Ann, while in Gabby's case, the whole relationship seemed to have a more childlike quality, possibly due to the fact that she did (as she acknowledged) present as younger than she was. This provided an enjoyable contrast to some of the other more serious work we did. Winnicott (1971) discussed play as essential in the context of psychotherapy, writing that the potential space between therapist and patient provides a safe place in which creativity and autonomy can develop. Play, according to Ansdell (1995), is the essence of music, resulting in spontaneity and exploration, through which the client can begin to experience herself in different ways. Therefore, playfulness is an important part of effective music therapy, and the playfulness between Gabby and me, within a space that still recognised and validated her maturity, seemed to afford her the ability to explore her identity symbolically through new musical ideas, in a safe and fun environment.

Overall, then, all three participants were able to explore aspects of their identities through various preferable techniques, both verbal and arts-based. This seemed to illustrate the

importance of the variety offered in music therapy, where the process is tailored to suit the client, so that she is afforded as positive an experience as possible.

#### 5.2.2.2 External

All three participants explored external influences (people, places, and the abstract) affecting identity construction. Power saw her current home as home, and recognised her foster mother as her mother, expressing gratitude for her current situation. She also referred to God as a source of hope and love for her, and chaos as a negative influence. Ann, on the other hand, seemed to value her previous home more, except when referring to her friends and feelings of safety at her current home. Unlike these two, Gabby addressed home more abstractly, without actually naming it but representing it in a story-creation activity as a house with a number of siblings and no adults. Additionally, seemingly the most important person to her was the brother she no longer saw, while the unfamiliar seemed to represent danger to her (such as strangers and “outside the yard”). These different understandings of home and family may simply be related to the duration of time spent at the foster house, as they correlated with the how long participants had lived there (Power having been there the longest, then Ann, and finally Gabby). All three, however, recognised that home represented safety, and even Gabby recognised her foster mother as a protector. This may have shown that even if she does not yet have a clear understanding of home, she did trust her foster mother to protect her. Therefore, regardless of how participants related to the concept of home, they all expressed feelings of safety in their current situation. This is a very important aspect in treatment procedures following CSA, as survivors need safety in order to begin to develop healthy responses to commonplace events, mastery, and integration (van der Kolk, 2005).

Finally, for Ann and Gabby, there were also records of socially afforded identities with negative connotations, which they actively resisted, desiring to construct alternative ones. For Gabby, this was the childlike identity, explored through the use of the voice; while for Ann, it was being called ugly by some peers, which again seemed to reinforce the importance of physical appearance. Power seemed less influenced by socially-afforded identities but did experience and dislike the orphan stigma afforded her by peers. Blackie (2014) also found that stigma was prevalent in cases of abandonment/orphanhood, and that children who have been abandoned often assume a victim identity in response to the stigma they face. However, in Power’s case, she verbalised the desire to let go of the stigma. In this case then, in line with what Blackie wrote about such cases, Power did experience stigma, but also actively resisted it. However, as this occurred in the last session, it was not further

explored, but symbolically released, showing Power's desire to possibly process it more fully in the future (as she may have done in her post-research sessions with the social worker). In all three cases then, participants were able to identify at least one socially-afforded identity, which had become in some way defining of certain aspects of themselves, and which they decided to actively challenge, revealing the desire to construct alternative desired identities through the affordances provided them in music therapy.

### 5.2.2.3 Personal

Ann rejected the label of "ugly", and challenged feelings of being judged that she felt in relation to how some peers treated her, while Power, explored the preferred construction of her identity as a helper, and the desire to become a social worker. In the last session, Power also expressed the desire to challenge the stigma she had experienced through being teased about her parents' deaths. Gabby frequently expressed the desire to reject her displeasing<sup>15</sup>, socially-afforded "little" identity in favour of a more mature one that was taken seriously. Even though she frequently presented as younger than 12, she showed confident and resolute behaviour to explore her preference, and its ideal traits, through the music. Singing in a deeper voice and conducting me at times, she explored how it might feel to adopt an adult identity, increasing her confidence in other musical acts. As discussed previously, this increase in confidence is important for survivors of CSA, who often experience low self-esteem (Jonzon, 2006). For Gabby, it did result in enjoyment and a sense of mastery, in comparison to her nervousness and expressed "aimlessness" in one of her previously-discussed songs (where the lyrics may have been chosen randomly, but did seem to relate to one another, implying purpose).

Additionally, all three displayed self-affirmation at times, although this was most often recorded for Power and least for Gabby. Power could easily write positive self-descriptors, such as "I am lovely/strong", and said that she would change nothing about herself. Additionally, she felt pride in herself, which seemed to develop as sessions progressed and she became more confident in, and pleased with, her musical and creative decisions. Ann and Gabby only sometimes recorded positive self-statements of beauty, strength, and joy; and being loved and special. As discussed, low self-esteem and feelings of shame are common in survivors of CSA (Feiring, 2005; Jonzon, 2006). Power, who seemed to experience this the least of the three, had had a longer time to integrate her experiences and develop her confidence, having CSA at a younger age. Gabby, on the other hand, had

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<sup>15</sup> This displeasure was recorded in one verse of a composed song: "People say that I'm little/And the makes me sad/I want to be a grow-up/And I'll sing with a grown-up voice".

experienced CSA within the year preceding the study, and therefore had less time to process her experiences. Therefore, it may be that length of time since the experience could also be a contributor to survivors' abilities to engage in self-affirmation.

### 5.3 Conclusion

This chapter has provided a discussion of the research findings, presenting the various ways in which participants were able and willing to explore and perform their identities through music therapy. The two main themes (*Therapeutic relational dynamics* and *Capacity and desire to explore*) were informed by participants' presentation in sessions, as well as literature that discusses the effects of CSA, abandonment, social support, and identity exploration. The current research mostly supported previous studies, especially regarding the capacity to trust following CSA and complex trauma, as well as the disconnection from the self that is often experienced by survivors. In addition to these negative effects, other studies, as well as the current one, have found that positive posttraumatic growth does seem to be evident in many survivors, and should therefore be more carefully considered in treatment procedures.

Mastery and confidence were found to be important in this study (as in previous studies), and all participants' abilities to be creative and use symbolism increased throughout the process. They were all able, to different degrees, to explore aspects of their identities (both desired and unwanted) through different arts-based methods. When working in the verbal realm, all three participants seemed to avoid sensitive topics more, whereas the symbolic afforded them a less threatening space in which to non-verbally begin to explore certain aspects of themselves that they did not often seem comfortable discussing. This afforded participants the space to experience themselves differently and explore their experiences in less threatening, more creative ways, speaking to music therapy's ability to provide alternative accessible modes of exploration within a safe environment. For both Gabby and Ann, it was through symbolism that they experienced what appeared to be the most significant moments of their processes (the beast and voice metaphor, and the clay process regarding abandonment, respectively). Even for Power, who often preferred the verbal realm, the use of symbolism afforded her a space in which to begin to explore difficult topics that she otherwise tended to avoid. In conjunction with other supporting literature, discussed throughout this chapter, this may suggest that for these participants, and possibly for other adolescent survivors in South African contexts, music therapy may be a particularly useful form of therapy. It provides an enjoyable therapeutic space that does not rely only on verbal work, and may therefore be seen as less threatening and more playful than verbal psychotherapy, while still addressing important issues in creative ways.

Both Power and Gabby were actively involved in beginning to construct preferred identities. Gabby worked through a metaphorical process of growing up and becoming more confident, and Power actively sought on-going professional support in order to explore her experiences around the deaths of her parents. While Ann seemed to actively resist change and exploration of certain uncomfortable topics, this rejection in itself demonstrated autonomy and the desire to maintain her social desirability, rather than risk rejection to explore certain perceived negative attributes. However, her fluctuations between disclosure and guardedness also suggested the desire to explore, even though she was mostly unable to do so. Music therapy did offer various different experiences of herself, so that even though she frequently withdrew, she was still able to briefly explore certain difficult topics. Finally, all three participants explored the concept of belonging, which, like previous studies, showed the importance of this and social support in identity construction and recovery following CSA and multiple trauma.

## CHAPTER 6

### Conclusion

The purpose of this study was to explore the ways in which adolescent survivors of CSA could use music therapy for the exploration and construction of identity, using a multiple case study design with three 12-year-old participants. The findings were divided into two main themes, *Therapeutic relational dynamics* and *Capacity and desire to explore*, both of which addressed certain aspects of participants' exploration and construction of identity in sessions.

While participants had to have experienced CSA to take part in the study, all three had also experienced other traumas, including neglect, abandonment, orphanhood, HIV, and emotional abuse, with abandonment/orphanhood being a frequently explored topic. Therefore, findings have to be considered in terms of multiple trauma, instead of only in relation to CSA. This is, however, relevant in the South African context, as discussed in terms of previous studies, which found that multiple trauma is prevalent in South Africa, and that traumas should therefore be explored in conjunction with one another, rather than individually.

Findings showed that all three participants reported issues of belonging to be important. These were often discussed in relation to the experience of abandonment, the concept of family, and social support, and seemed to contribute to their sense of identity. Additionally, participants did, to different degrees, seem to experience difficulties with trust and symbolism, as well as a sense of disconnect from the self. These have been reported in other cases of CSA and abandonment, and in this study influenced participants' capacity to explore identity. While it was proposed that such challenges may have been related to the unfamiliarity of the music therapy space, in some cases they persisted throughout the process, suggesting that they were not only related to the nervousness that is to be expected in a new environment.

All three participants developed in their ability to use symbolism in sessions, which contributed greatly to their exploration of identity. It has been suggested previously that verbal exploration may be experienced as more confrontational than symbolic exploration. This was evident in the current study, where as participants became more familiar with symbolic representation, they explored personal experiences and emotions more than they did in the verbal realm. This, then, was one of the most significant ways in which participants used music therapy to explore and construct identity. As music therapy offers multiple symbolic modes of exploration, including improvisation, song-writing, and clay work, participants were able to work with their preferred mediums, enhancing comfort in exploration. The metaphorical use of

instruments, including the voice, was also used to experiment with alternative, preferred constructions of identity in a safe environment.

The use of symbolism also at times afforded participants tools to challenge certain elements of disconnect from themselves (in addition to exploring difficult experiences) by allowing them to represent parts of themselves and their experiences more abstractly. This removed the focus directly from the participants themselves, creating a less confrontational space.

Furthermore, participants' confidence increased throughout the process, enhancing their ability for identity exploration and construction. This was aided by the mastery achieved by each within the musical realm. Participants' increased ability to improvise, write songs, and actively direct certain elements of sessions helped to build their confidence, leading (respectively) to actively exploring new, preferred identities; requesting ongoing therapy; indicating the desire to trust; and maintaining social desirability to avoid rejection.

Therefore, participants were able to use music therapy to explore and construct identity in various ways. These included through the confidence and mastery experienced in relation to certain techniques, and through music therapy's symbolic affordances, which promoted exploration of difficult emotions and experiences, and allowed for experimentation with preferred identities. These findings contribute to this area of research, as few previous studies have focused on identity exploration in survivors of CSA, or how music therapy can afford survivors the tools for such exploration. This research has investigated the ways in which identity can be affected by CSA, as well as how music therapy and the techniques used therein can afford survivors the opportunity to explore and construct identity following abuse. Additionally, various authors have called for more research into the effects, treatment, and recovery processes involved in cases of multiple trauma. Although this study focused on CSA, the presence and acknowledgement of multiple trauma in all three participants suggests that the findings also relate to that pool of knowledge, and are therefore particularly relevant in the South African context, in which multiple trauma is prevalent.

### Limitations

There were various limitations to this study, including the language barrier, the length of study, the sample size, and the fact that all three participants experienced multiple trauma. Regarding the latter, although as discussed, the findings are useful in the South African context, the fact that participants experienced multiple trauma may have influenced the findings in relation specifically to CSA, the focus of this study. Therefore, it is difficult to

ascertain how participants may have responded differently if they had only experienced CSA. Additionally, as the sample size was small, the findings of this study cannot be generalised to other cases. As mentioned, qualitative findings may be transferable to other situations if enough is known about both situations (and if similar discourses are used in both, resulting in similar consequences). However, for generalisability to be possible, further studies would have to be conducted with a greater number of participants. The length of study, too, may have impacted results, as the sensitive nature of the research resulted in issues of trust between the participants and myself, as well as tentativeness throughout the process that affected exploration. Certain of these aspects may have been overcome if the study had been longer.

The language barrier did impact on the therapeutic relationship in at least one case (Gabby), which may have influenced the quality of the findings in relation to that case. Using an interpreter was not an option in this study, due to the fact that it was conducted from a discursive perspective, where it was important to use the participants' own expressions, rather than interpreted versions. Although other measures were put in place that combated this challenge, resulting in increased communication, it is possible that more informative data could have been gathered if language differences had not inhibited communication in certain instances.

Finally, as discussed in Chapter 4, my own actions and thoughts in the descriptions and session notes were not coded, as the main focus of the research was on how participants used the space (and my actions/reactions) to explore and construct identity. However, including more reflexivity within the analysis may have further enhanced the research.

#### Implications and recommendations for future research

In discussing the activities used with the participants in this study, I have provided a brief overview of how a variety of techniques may be used with members of this client group. Different types of activities were useful for different elements of identity exploration and construction. For example, improvisation and roleplay were useful in identity exploration, as participants experimented with different ways of performing themselves; while song-writing and certain art techniques afforded participants a way to declare different aspects of themselves in a memorable way, focusing more on identity construction. I hope that this might be useful in informing future studies.

As recommendations for future research into this area, I would suggest that longer studies be conducted with more participants, and that adequate strategies be developed for use in cross-cultural therapy, where language differences present challenges to both researcher and participants. Additionally, future research should either make the clear distinction between different types of trauma (if it is relevant to study an individual type in isolation) or should acknowledge and adequately address multiple traumas in relation to one another. As multiple trauma is prevalent in South Africa, and there has been little research into this area, it seems that the latter option would be more beneficial in this context.

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## APPENDIX A

FACULTY OF HUMANITIES

DEPARTMENT OF MUSIC

TEL: (012) 420-3747

FAX: (012) 420-2248

### Parent/Guardian Information

STUDY TITLE: The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse

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

My name is Caitlin Schulze and I am studying a Music Therapy Master's degree at the University of Pretoria. As part of my studies, I am conducting a research project to look at how teenagers who have experienced sexual abuse could use music therapy to explore and build identity.

Music therapy is a type of therapy that uses music to enhance well-being and health. Your teenager does not need to be able to play a musical instrument in order to come for music therapy sessions.

I will be doing individual music therapy with three teenagers for a period of eight sessions each. Sessions will last 45 minutes each. In the sessions, we will be doing things like playing instruments, singing, and drawing. The sessions will be video-recorded, so that I can look at them afterwards to write about what happened. However, these recordings will only be used for the study, and will be kept confidential. This means that only my supervisors and I will see them.

You are free to choose whether your teenager takes part in this study or not. If you do choose to let them take part, you can change your mind at any time during the study without any consequences. If your teenager does leave the study, the information I have gathered from her/him (including video recordings) will be destroyed.

When I write the final report, I will not use your teenager's real name or any other information that might identify who your teenager is. This is to protect her/his identity and privacy. If you or your teenager would like a copy of the final report, it will be provided for you.

The information gathered during this project will be securely stored at the University of Pretoria for a minimum of fifteen years. This is normal for any research done through the University. If a researcher wishes to obtain any of the information to use in future research, s/he will have to obtain your informed assent first.

I would greatly value the participation of your teenager in this study. If you are willing to let them take part, please complete the attached consent form.

My contact details are below. Please feel free to contact me if you have any questions or concerns.

Caitlin Schulze

Researcher / Student

Email: [casper.schulze37@gmail.com](mailto:casper.schulze37@gmail.com)

Number: 073 430 2367

**APPENDIX B**

FACULTY OF HUMANITIES

DEPARTMENT OF MUSIC

TEL: (012) 420-3747

FAX: (012) 420-2248



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

**Parent/Guardian Consent Form**

STUDY TITLE: The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby give my consent for my teenager to take part in this research. I understand that my teenager will take part in individual music therapy sessions, and that the research will look at how music therapy may be used by teenagers, who have experienced sexual abuse, to explore and build identity.

I hereby give my consent for these sessions to be video-recorded, understanding that these recordings will only be used to write about the music therapy process, and will not be made public.

I understand the above agreement, and I agree that my child can participate in this study on this \_\_\_\_\_ (day) of this \_\_\_\_\_ (month) and this \_\_\_\_\_ (year).

**PARENT/GUARDIAN DETAILS:**

Parent/Guardian name: \_\_\_\_\_

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

Parent/Guardian Contact No: \_\_\_\_\_

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

Relationship to participant: \_\_\_\_\_

**RESEARCHER & SUPERVISOR SIGNATURE:**

Researcher Name: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

## APPENDIX C

FACULTY OF HUMANITIES

DEPARTMENT OF MUSIC

TEL: (012) 420-3747

FAX: (012) 420-2248



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

### Participant Information

STUDY TITLE: The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse

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

My name is Caitlin Schulze and I am studying a Music Therapy Master's degree at the University of Pretoria. As part of my studies, I am conducting a research project to look at how teenagers who have experienced sexual abuse could use music therapy to explore and build identity.

Music therapy is a type of therapy that uses music to enhance well-being and health. You do not need to be able to play a musical instrument in order to come for music therapy sessions.

I will be doing individual music therapy with three teenagers for eight sessions each. Sessions will last 45 minutes each. In the sessions, we will be doing things like playing instruments, singing, and drawing. The sessions will be video-recorded, so that I can look at them afterwards to write about what happened, but these recordings will only be used for the study, and will be kept confidential. This means that only my supervisors and I will see them, and nobody else.

You are free to choose whether you want to take part in this study or not. If you do choose to take part, you can change your mind at any time during the study without any consequences. If you do choose to leave the study, the information I have from you (including video recordings) will be destroyed.

When I write the final report, I will not use your real name or any other information that might identify who you are. This is to keep your information private. If you or your parent/guardian would like a copy of the final report, I will give one to you.

The information gathered during this project will be securely stored at the University of Pretoria for a minimum of fifteen years. This is normal for any research done through the University. If a researcher wishes to obtain any of the information to use in future research, s/he will have to obtain your informed assent first.

I would really appreciate it if you would take part in this study. If you want to take part, please fill in the attached assent form.

My contact details are below. Please feel free to contact me if you want to ask me anything about the project.

Caitlin Schulze

Researcher / Student

Email: [casper.schulze37@gmail.com](mailto:casper.schulze37@gmail.com)

Number: 073 430 2367

**APPENDIX D**  
FACULTY OF HUMANITIES  
DEPARTMENT OF MUSIC  
TEL: (012) 420-3747  
FAX: (012) 420-2248



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

### **Participant Assent Form**

STUDY TITLE: The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse

I \_\_\_\_\_, hereby agree to take part in this research. I understand that I will take part in individual music therapy sessions, and that the research will look at how music therapy may be used by teenagers, who have experienced sexual abuse, to explore and build identity.

I hereby give my permission for these sessions to be video-recorded, understanding that these recordings will only be used to write about the music therapy process, and no one will see them, except for the researcher and her supervisors.

I understand the above agreement, and I agree to participate in this study on this \_\_\_\_\_ (day) of this \_\_\_\_\_ (month) and this \_\_\_\_\_ (year).

#### **PARTICIPANT DETAILS:**

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Participant Contact No: \_\_\_\_\_ (please write if you would like me to contact you through your parent/guardian)  
Date: \_\_\_\_\_

#### **RESEARCHER & SUPERVISOR SIGNATURE:**

Researcher Name: \_\_\_\_\_  
Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX E**

FACULTY OF HUMANITIES

DEPARTMENT OF MUSIC

TEL: (012) 420-3747

FAX: (012) 420-2248



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

### **Letter to members of the CATCH Projects VEP**

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

My name is Caitlin Schulze and I am studying a Music Therapy Master's degree at the University of Pretoria. As part of my studies, I am doing a research project with teenagers who have experienced sexual abuse, to see how they might use music therapy to explore and build identity. I would like to ask you if you would be interested in taking part in this study.

Music therapy is a type of therapy that uses music to enhance well-being and health. You do not need to be able to play a musical instrument in order to come for music therapy sessions.

I will be offering individual music therapy to three teenagers for eight sessions each. In the sessions, we will be doing things like playing instruments, singing, and drawing. The sessions will be video-recorded, so that I can look at them afterwards to write about what happened in them, but these recordings will only be used for the study, and will be kept confidential. This means that only my supervisors and I will see them, and nobody else.

Because my research is for teenagers, you need to be between 12 and 18 years old to participate. It is also important that you can speak English so that we can talk to one another.

I only have a limited amount of time to do this study, so I can only take three volunteers. However, if there are more than two, I will give the remaining volunteers eight group music therapy sessions, so that they can also experience music therapy. These sessions will not be used for my research.

You do not have to agree to be part of this study, but if you are interested and would like to find out more about it, you can ask one of the VEP social workers to give me your, or your

parent/guardian's, phone number, and I will contact you. Otherwise, you can ask one of them to give you my phone number, if you would rather contact me. I can then meet with you and your parent/guardian to give you more information and see if you would like to agree to be part of the study.

Thank you so much for taking the time to read this letter. It is greatly appreciated!

Best wishes,


Caitlin Schulze


## APPENDIX F

Join us on our social network pages:

 [www.facebook.com/catchprojects](http://www.facebook.com/catchprojects)

 [www.twitter.com/catchprojects](http://www.twitter.com/catchprojects)

 40 Gullsway, Gonubie, East London, 5257

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[www.catchprojects.co.za](http://www.catchprojects.co.za)



4 August 2016

Ms Caitlin Schulze  
6 Castle Street  
Berea  
East London  
5241

Dear Caitlin

### **Masters in Music Therapy: Research Dissertation**

I hereby grant permission for you to use CATCH Projects facilities, and source participants through the organization, for the purpose of your research "The Role of Music Therapy in the Exploration and Construction of Identity by Stigmatised Adolescent Survivors of Child Sexual Abuse: A Multiple Case Study".

Yours sincerely

A handwritten signature in black ink that reads "Sue Davies".

**Sue Davies**  
**Executive Director**



## APPENDIX G

### Coded descriptions

<p><b>Ann – thick description 1 (A1)</b></p> <p>Client and music therapist look down at their instruments.  1[The therapist tentatively taps a note on the pianophone, before Ann taps one quietly on the xylophone, using her right hand. The xylophone is sitting on the drum in front of her.] She sits slouching slightly in the middle of her chair.]2[The therapist taps out a lower note, followed more quickly by Ann on an even lower, ringing one. The therapist plays three descending notes at a moderate pace, while Ann answers them with three ascending notes, stopping the beaters slightly on each, creating a flat sound.]3[Ann looks up in between her playing at the therapist’s hands, while the therapist remains looking down.] The therapist then taps out four slightly more energetic notes, using alternating hands, with a slight pause after the third. Although there are ascending and descending jumps between the notes, they move in a downward melodic contour.  4[Ann answers with four louder, ringing notes] in a downward scale pattern, still using just her right hand, allowing the beater to bounce slightly off the bars.]</p> <p>5[The therapist tilts her head to the side after playing three notes, which are followed in time by Ann’s three, which move downwards again.]6[Ann stops her beater flat on the third note, while the therapist slowly begins to sway from side to side. The therapist begins almost immediately after, with a two-quaver upbeat, before going into a more elaborate syncopated rhythm, with both hands. Her bass note remains the same, providing a repeated, lively pedal-point, and she nods her head slightly in time.]7[Ann joins in with a simpler 3-2 clave rhythm, maintaining a very small pitch range, mostly playing between two low notes.]8[Although her music is somewhat bouncy, she remains almost completely still, her elbows resting on the arms of the chair, with only the right one moving, as she beats out her rhythm with one hand. Her left is poised over the instrument but does not move.] The therapist’s music becomes simpler, as she plays less elaborately, matching Ann’s playing on the two-beat section of her phrasing. 9[The music is more energetic, and there is a surging feeling to it, as Ann works her way up the xylophone, before subsiding somewhat back to the base of the instrument to start working up again.]10[As she moves upwards, her head tilts slightly to follow her playing with her eyes, and this creates a slight twisting motion in her body posture.]11[There is a distance between client and therapist, as they listen to one another but make no eye contact.]12[The music, however, seems to flow easily.]</p>	<p>A1.1a: tentative instrumental involvement following initiation by therapist  A1.1b: slouches  A1.2a: follows therapist in turn-taking  A1.2b: uses her turns to contrast therapist’s music  A1.2c: flat energy  A1.3: looks at therapist  A1.4a: confident involvement  A1.4b: uses her turns to contrast therapist’s music  A1.4c: partial physical expressiveness  A1.4d: bright presence</p> <p>A1.5: uses her turns to contrast therapist’s music  A1.6a: flat energy  A1.7a: joins therapist’s rhythm with a complimentary rhythm  A1.7b: narrow melodic range  A1.8a: partially bright presence  A1.8b: partial physical expressiveness  A1.9a: surging energy  A1.9b: uses xylophone to play a repeated surging melodic phrase  A1.10: increased physical expressiveness  A1.11: cautious interaction  A1.12: musical flow</p>
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13[The therapist begins to elaborate by adding extra in-between beats, before relentlessly playing the pedal point alone in double-time, looking up at Ann, as she loses her beat briefly, before picking it up as before.]14[The therapist reverts to her previous rhythm, before Ann begins expanding her tonal structure,| moving in a ringing downwards scale pattern,| still looking down and using one hand to play the same rhythm.] She pauses for a bar to rearrange the xylophone to prevent it from falling off the drum, 15[before tilting her head| and playing the same notes and pattern she had in the previous bar.]16[She pushes her chin out slightly, looking more intently at her hands,] and the therapist plays a repeated pedal point at the top of the pianophone in double-time, creating a lighter feel to the music. 17[Ann repeats her phrase again, this time building back up to the top after reaching the bottom, with an upward scale, maintaining the clave rhythm.] The therapist continues to nod in time, 18[while Ann glances up briefly after playing the rhythm twice.]19[The therapist continues on the pedal point, and Ann begins to explore different melodic patterns,| before returning to her downward and upward scale pattern.]

As she plays the bottom C, the therapist taps her notes, followed by a rest for the next two beats, before picking up with an anacrusis. 20[In the brief silence on the therapist's part, there is a lull in the energy, creating a slightly more intimate feel,| as Ann continues with her same scale pattern.]21[She hits the top C, coming down to B, and then stops, tilts her beaters up,| and looks up at the therapist,| with a flat expression on her face.] The therapist stops just after her, remaining in the same position over her instrument and just lifting her eyes to look at Ann.

22[The therapist plays a downward glissando, taking her eyes off Ann and following the movement with her head, smiling slightly. Ann looks down and plays a quick upward glissando, followed closely by the therapist. The two look down at their instruments and exchange glissandos a few times,| before the therapist smiles and plays a vibrant trill in the middle of her instrument. Ann joins in so that they are playing together,| using both her beaters for the first time.]23[They begin to move downward on their instruments, maintaining the trill, and as they come up again,| Ann slows the meter slightly, turning the trill into a fast, vibrant rhythm.]24[She plays in semi-quavers and quavers, with quaver rests and upbeat. The first and third beats consist of four semi-quavers each, with an upbeat, while the second and fourth consist of a quaver and quaver rest. However, within this basic pattern, there are variations in Ann's rapid playing, with extra semi-quavers at times, within the overall structure. The therapist falls into a basic beat, nodding her head in time.]

25[Although Ann's playing is vibrant and rapid,| she plays mostly in a narrow melodic range,| and still does not move her

A1.13: loses beat briefly, following therapist's elaboration  
 A1.14a: elaborates melodic phrase, following therapist's simplification  
 A1.14b: bright presence  
 A1.14c: partial physical expressiveness  
 A1.15a: increased animated expressiveness  
 A1.15b: plays repetitive phrases  
 A1.16a: determined concentration  
 A1.17: extends repeated phrase  
 A1.18: looks at therapist  
 A1.19a: explores new melodies against therapist's pedal point  
 A1.19b: returns to repetitive phrase

A1.20a: brief musical intimacy  
 A1.20b: plays repetitive phrase  
 A1.21a: stops suddenly  
 A1.21b: looks at therapist  
 A1.21c: flat affect

A1.22a: uses her turn to contrast therapist's music  
 A1.22b: turn-taking  
 A1.22c: joins therapist as she plays a trill  
 A1.22d: increased physical expressiveness  
 A1.23a: extending trill in unison  
 A1.23b: leads improvisation into vibrant rhythm  
 A1.24: plays intricate vibrant rhythm, as therapist provides grounding

A1.25a: vibrant presence  
 A1.25b: narrow melodic range

body much, apart from the fact that she is now using both hands.]26[Her music is louder,| and her beaters bounce further off the instrument than before,| creating a stronger ringing timbre.] The therapist alters her beat quickly, before settling on the clave rhythm that Ann had used earlier. 27[She plays this with one hand, looking up at Ann more often, while Ann remains with her head down.]28[The music surges| and becomes drivingly relentless.]29[The therapist's nodding becomes more emphasised,| while Ann remains still apart from her rapidly moving hands.]

30[The therapist's playing has an upward melodic contour, which repeats, creating more of a tonal bass for Ann's more erratic playing,| as although her melodic range is small,| there is no clear pattern in her choice of notes.]31[The therapist simplifies her beat slightly, picking out the strong measures of the basic beat and reinforcing the rhythm, adding to the relentless nature of the music.]32[Ann's surging music drowns out that of the therapist slightly,| before her beat suddenly becomes slower,| and she plays predominantly with her right hand again,| beating out a repeated note a few times,| her beater bouncing higher.]

33[Ann plays what sounds like a final beat, which is echoed by the therapist in the bass.]34[However, Ann does not look up, but tilts her head to the side, looking somewhat sad,| and allows her beaters to fall flat on the xylophone without as clear an intent as previously,| before pulling her arms in and tilting the beaters up, looking up slowly at the therapist. The therapist stays leaning over her instruments slightly, eyes up watching Ann.] She waits, as though to make sure this one is Ann's final beat, before playing a more decided end beat, and then sitting up straight and inhaling. 35[The breath is mirrored a little more shallowly by Ann,| who also pulls herself up slightly, into a straighter position.]

**Ann – thick description 2 (A2)**

1[CATCH makes me feel safe  
Hold my tight  
Standing in the light of your halo  
I feel at peace; I feel at peace]

2[I feel good when I'm playing with my friends  
Don't mess with me when I'm playing with my friends] (x2)

A1.25c: partial physical expressiveness  
A1.26a: crescendo  
A1.26b: bright presence  
A1.26c: strong instrumental presence  
A1.27: reduced eye contact  
A1.28a: surging energy  
A1.28b: jointly driving the music  
A1.29: partial physical expressiveness

A1.30a: play erratically over therapist's repeated phrase  
A1.30b: narrow melodic range  
A1.30c: melodically scattered and erratic  
A1.31: jointly driving the music  
A1.32a: musically overpowers therapist  
A1.32b: sudden ritardando  
A1.32c: decreased physical expressiveness  
A1.32d: plays loud, repeated note  
A1.32e: bright presence

A1.33: leads cadence  
A1.34a: momentary expression of sadness  
A1.34b: flat energy  
A1.34c: tentative eye contact  
A1.35a: tentatively mirrors therapist's deep breath  
A1.35b: tentatively sits up straight

A2.1: uses song-writing to express feelings of safety, peace, and trust in current home

A2.2: uses song-writing to express importance of friends to her well-being

3[Laughing makes me feel strong|  
laughing with my friends|  
When I'm feeling weak and small|  
I can say that I am strong]

Ann is sitting on a chair in a circle of chairs. The therapist sits on the floor in the centre, facing her. 4[As the therapist begins to strum her guitar gently, Ann leans down and picks up a tambourine with her right hand, to use it to represent the first verse, while her left holds a sheet with the lyrics of her song.]5[She looks at the sheet, a blank expression on her face, as the therapist strums.]6[The two begin to sway softly, mirroring one another,| and Ann taps her tambourine gently on her knee every fourth beat.]7[They begin to sing together,| Ann still looking at the lyrics she is holding.]8[She sings very softly, so that the therapist's voice, although gentle, is still clearly heard over hers.]9[Ann licks her lips after the first line, still swaying and tapping in time.| She is leaning forward slightly so that her elbows are resting on her lap.]10[She barely opens her mouth to sing, further muffling her voice.]

11[On the third line, Ann's swaying slips out of time, as she begins to sway slower, her body moving out of sync with the therapist's, while her gentle tapping remains in time.] After singing, "I feel at peace" the first time, the therapist says, "Oh, then we sang that twice; sorry," before handing Ann a pen and asking her to write it in. 12[Ann puts the tambourine down, before pressing on the drum to fill in the words. Afterwards, she puts the pen down next to her, and retrieves her tambourine quietly,] as the therapist starts strumming gently again.

13[As she starts singing, "I feel at peace," Ann joins in, singing quietly, tapping her tambourine, and swaying in time with the therapist.]14[After singing it twice, the therapist quickly says, "And then get ready for the 'friends' part," pausing the music, as Ann puts the tambourine down to pick up the xylophone.]15[She grins and lets out a hissing laugh, as the therapist gives a deeper laugh.]16[Ann places the xylophone on her lap, and puts the paper down next to her, so she can play with both hands, as the therapist begins to sing the chorus.]17[It is stronger than the verse, with pauses in the strumming, so that the downbeats are further emphasised.]

18[Ann plays the xylophone on the down beats, adding an anacrusis to the even beats.]19[She plays mainly on and E, adding a D and C towards the end of the phrase.]20[Ann mouths the words softly,| and the subtle movement of her head

A2.3a: uses song-writing to express how she finds strength in laughter  
A2.3b: expresses importance of laughing with friends  
A2.3c: uses song-writing to express feelings of weakness  
A2.3d: uses song-writing to express feelings of strength

A2.4: uses tambourine to represent feelings of safety in song  
A2.5: flat affect  
A2.6a: swaying together  
A2.6b: taps tambourine gently  
A2.7a: begin singing together  
A2.7b: reads lyrics  
A2.8: tentative vocal involvement  
A2.9a: physical expressiveness  
A2.9b: relaxed posture  
A2.10: tentative vocal involvement

A2.11a: sways out of time while playing in time  
A2.12a: corrects lyrics before continuing with song

A2.13: sings and sways in time, following physical incoordination  
A2.14: uses xylophone to represent friends, following therapist's reminder  
A2.15: brief joint laughter  
A2.16: increased physical expressiveness  
A2.17: joint emphasis of rhythm in chorus

A2.18: elaborates xylophone rhythm  
A2.19: narrow melodic range

hints at a sassier energy. She also touches her cheek with her left hand twice, while playing, and the movement along with the pursed lips adds to the expressiveness of her character.]

21[As the chorus ends, Ann grins again,| and switches to the drum for verse 2 without being reminded. She pulls it in front of her,] as the therapist suspends the words ‘And then we go on to...’. 22[They begin to play together.]23[The therapist plays fuller, louder chords, strumming harder, while Ann taps out a rhythm with flat, soft hands.]24[She plays a basic beat, but emphasises the third beat. Her flicking wrists land her hands in the middle of the drum, with a slightly snappy sound,| but her hands are flat, and the drum is not tilted, so the sound is dampened.]25[Additionally, her left hand remains playing in the same place, while her right plays the third beat in the middle of the drum, pulling back slightly for the quiet first beat.]26[Ann looks to her right as she plays, to read the lyrics,| still smiling slightly.]

27[As they get to the last line of the verse (‘I can say that I’m strong’), the music surges towards the chorus,| as the therapist’s strumming grows louder and Ann emphasises every beat.]28[As they enter the chorus, the energy is suspended, because they only play certain beats as they did on the last chorus.]29 [Ann plays these stiffly,| but resolutely, hitting the drum slightly harder than on the verses.]30[She is still looking to the paper on her right.]31[Again, the music surges towards the end of the chorus,| with stronger beats from Ann and fuller strumming from the therapist.]

They go into an instrumental section, and the therapist strums as she did in the chorus, but with a slightly fuller pattern, so that the emphasised beats are clear as before, but there is not as much space in between them. 32[Ann looks as though she is about to play a more elaborate rhythm, starting in her music before subsiding into the same sparse rhythm of the chorus.]33[She does, however, include some almost inaudible taps with her left hand, seeming to play a rhythm in between that of the chorus and the verse.]34[Although there is no singing, Ann still looks at the page next to her.]

35[While swaying and continuing to play, the therapist asks, “Where shall we go to next?”. Ann points to the page and smiles, saying, “laughing”.] The therapists asks her to repeat herself, as she does not hear her, and then as she begins to strums more strongly again, 36[Ann puts the xylophone, which has been sitting on her lap, next to her, looking back at the page. She sits up straighter as they go back to the verse,| and plays the same rhythm she used on the previous verse.]37[She opens her mouth a little more now when she sings,| and her voice is a little more audible,] although the therapist’s voice is

A2.20a: decreased vocal expressiveness  
A2.20b: animated expressiveness

A2.21a: expressed enjoyment  
A2.21b: uses drum to represent strength, without being reminded  
A2.22: begin singing together  
A2.23: plays softly against therapist’s stronger playing  
A2.24a: animated expressiveness  
A2.24b: flat energy  
A2.25: increased physical expressiveness  
A2.26a: reads lyrics  
A2.26b: smiles

A2.27a: surging energy  
A2.27b: joint crescendo  
A2.28: joint suspensions in chorus  
A2.29a: rigid involvement  
A2.29b: determined confidence  
A2.30: reads lyrics  
A2.31a: surging energy  
A2.31b: joint increased musical involvement

A2.32: momentary confidence in rhythmic variation, before returning quickly to simple rhythm  
A2.33: tentative rhythmic variation  
A2.34: looks at lyrics while playing an instrumental section

A2.35: leads direction of song, following therapist’s invitation  
A2.36a: improved posture  
A2.36b: plays repetitive rhythm  
A2.37a: increased physical expressiveness

still very much holding the vocal element. 38[Apart from Ann's slightly stronger voice, they sing the verse, much as they did the first time, except this time, there is no surge in Ann's music in the last line,] although the therapist's does build into the chorus again.

39[They sing the chorus as they did before, with Ann's soft voice slightly more audible.]40[There is a surge at the end of the chorus, and along with the therapist's increased strumming,| Ann plays out the basic beat louder,| joining the therapist in a simple semi-quaver pattern upbeat,| before they play a loud and confident final beat together, Ann's hands remaining flat on the drum after her last hit.]

**Ann – thick description 3 (A3)**

Client and therapist are sitting facing each other, playing drums. The therapist plays a syncopated beat, still highlighting the main beats in common time. 1[Her drum can be clearly heard over Ann, who is playing with flat hands, tapping her drum lightly| in her characteristic rhythm. It is also syncopated but more consistent and somewhat perseverative.]2[She is slouching forward slightly, resting her elbows on her knees,| and playing with flat hands in the centre of the drum. The drum is not tilted, and the sound is dampened.]

Following a quieter section of improvisation prior to this, the therapist increases her volume, as though calling Ann to join her, nodding her head in time. 3[Ann's dynamics increase,| as she flicks her right wrist, which carries the main beat, snappily further from the drum on each beat.]4[She also plays the main, emphasised beat in the middle of the drum,| while pulling her hand back to play secondary beats towards the edge of the drum. The therapist's beat evens out so that she plays upbeats at equal distance from each other. 5[She also empties her beat a little, so that even though her main beats are louder than Ann's, the rest of Ann's beats are clearly audible.]

6[The snappiness of Ann's music subsides as she flicks her wrists less,| causing a flat feeling in the music.] The therapist plays one flat beat in the middle of her drum, before returning to her rhythm, and 7[Ann decrescendos,| now not lifting the heels of her hands from the edge of the drum, further muffling the sound.] The therapist follows with a sudden change in dynamics, playing very softly with her fist on the drum. The one fist beat is followed by a return to her rhythm, 8[as Ann lifts her hands slightly higher. She begins to flick her wrists again,| increasing the volume slightly,| and marginally rocks back and forth, before becoming still again. Her body does not move, and the energy generated from her wrist movements seems to stop at her elbows, which are still resting on her thighs.]9[She

A2.37b: increased vocal dynamics  
A2.38a: decreased musical variation

A2.39: increased vocal dynamics  
A2.40a: surging energy  
A2.40b: increased instrumental dynamics  
A2.40c: joins therapist in rhythmic variation  
A2.40d: joint confident cadence

A3.1a: plays drum quietly against therapist's louder playing  
A3.1b: plays perseverative rhythm  
A3.2a: relaxed posture  
A3.2b: flat energy

A3.3a: increased instrumental dynamics following therapist's musical invitation  
A3.3b: increased animated expressiveness  
A3.4a: emphasises rhythm  
A3.4b: increased physical expressiveness  
A3.5: increased dynamics as therapist decreases dynamics

A3.6a: decreased animated expressiveness  
A3.6b: flat energy  
A3.7a: decrescendos  
A3.7b: decreased physical expressiveness  
A3.8a: increased animated expressiveness  
A3.8b: crescendos  
A3.8c: momentary increase in physical expressiveness

continues to look down at her drum, while the therapist sits with her head tilted, looking at her.] The therapist's head nods less distinctly, and 10[the energy of the music dissolves somewhat again,| although Ann's playing does remain relatively snappy.] The therapist loses the beat slightly, seeming to slow the music, but she picks it back up, playing more of a basic beat, still adding some upbeat.

11[There is a shift in the energy (01.05), as both seem to accidentally miss a beat, creating a brief pause,| before Ann knocks the drum with her fists,| then returning to a slight variation on her rhythm, incorporating a quiet double-beat with her fist at the beginning of each phrase.] The therapist begins to play a complimentary beat, including four syncopated semi-quavers at the end of each phrase, as well as a double fist beat just before Ann plays hers. 12[This makes it seem as though the two are playing a similar rhythm just off from one another. However, their rhythms are slightly different, but fit together well, creating a relatively complex interlocking rhythm, where the new rhythm is made up of the combination of the pairs' beats.]13[There is a new sense of togetherness in the music,| and the rolling rhythm causes a surge in the energy of their playing,| even though Ann's posture remains the same and she shows little movement.]

14[As the rhythm seems to solidify, so that neither is missing a beat,] the therapist drops her fist beat, before going into playing the syncopated semi-quaver part repeatedly, creating a driving feeling in the music. 15[Ann also drops her fist-beat, but continues with her rhythm, although she shifts her hands back slightly on the drum, playing a sharper sound on the edge.]16[The therapist then quickly moves into a basic beat, creating more space for Ann's sharp rhythm to be heard.]17[Ann has pulled herself up slightly,| and her rhythm can be easily heard.]18[Her wrist movements are snappy again, and then she adds back the fist-beat.] The therapist maintains mostly a basic beat, while adding some extra in-between beats in no regular order. She uses her fist for some of these, before settling into a slightly more regular beat. This one is emptier and more syncopated than the previous one and does not drive the music as the other did. She plays the basic beat and upbeats to Ann's main beats, while retaining the double fist beat at the end of each phrase.

19[The energy of Ann's music has become jazzier,| as she twists her body slightly, in time to which hand is playing. Her right hand moves further in its back-forward motion, so that her elbow is no longer firmly planted on her thigh. This creates more motion in her body, although it is still relatively minimal.] The therapist begins to mirror the quality of Ann's playing more, using flatter hands, and snappy wrist actions, before 20[the music seems to become somewhat monotonous, with little variation in playing.]21[The drive subsides a little and the dynamics drop,| while client and therapist maintain their

A3.9: does not make eye contact  
A3.10a: decreased energy  
A3.10b: partially bright presence

A3.11a: joint musical pause  
A3.11b: hits drum with fists  
A3.11c: uses fist in a rhythmic variation  
A3.12: complex interlocking rhythm  
A3.13a: musical cohesion  
A3.13b: surging energy  
A3.13c: partial physical expressiveness

A3.14: rhythmically secure  
A3.15: variation in rhythm and timbre  
A3.16: bright presence  
A3.17a: improved posture  
A3.17b: plays loudly  
A3.18: increased animated expressiveness

A3.19a: bright presence  
A3.19b: increased physical expressiveness  
A3.20: musically monotonous  
A3.21a: decreased energy  
A3.21b: playing perseveratively  
A3.22: musically flowing following therapist's adaptation

rhythms.] The therapist no longer highlights the main beats as much, 22[and the created rhythm sounds more continuous and flowing, compared to the punctuated music being played previously.]

23[Ann does play momentary variations in her rhythm, tapping a basic beat with her right hand, before returning to her characteristic rhythm,] while the therapist moves into a rhythm that closely resembles Ann's, but with fewer beats, as well as a flat hand in the centre of the drum to mark out the first beat of each phrase. 24[As Ann's flat hands stay closer and closer to the drum after each beat,] the music begins to fade,] and after missing a beat, she just begins to tap a quick basic beat with her right hand.] The therapist's rhythm is also disrupted as she looks at Ann's hands, and then she hits her hand flat on the drum, drawing it back quickly and scraping the drum quietly.

25[Ann taps a flat hand in the centre of her drum, and holds it there.]26[The therapist quickly repeats her scraping action, and the two continue this exchange, scrape-tap-scrape-tap, with the therapist alternating hands,] while Ann uses just her right.] The therapist adds a quick, but quiet upbeat to one of her beats, retaining some of the former energy, while 27[Ann's hands begin to flick slightly higher off the drum again.] The therapist continues with quick but quiet scrapes, and 28[a few phrases later, Ann repeats the therapist's upbeat herself.]

29[As the energy fades, Ann plays softer beats,] and the therapist slows her arm movement so that although the scrapes remain in time, they are lazier than before. 30[The therapist adds another quiet two-note upbeat, and Ann looks as though she is going to echo it, lifting her left hand instead of her right, and double beating it, but the first beat is almost pulled back just before it hits the drum, so that only one quiet beat sounds.]31[The therapist then slows her scraping considerably so that it is barely audible, followed by Ann slowing her beats, using alternating hands, so that the music continues to fade gradually.]32[She sits up straight suddenly,] and pulls both hands back to the edge of the drum, still resting her fingers flat on the skin, as the therapist plays a very quiet two-beat upbeat.]33[The therapist stops scraping, and instead answers Ann's flat tapping by quietly rolling the fingers of both hands on the edge of her drum.]34[Ann taps with just her fingers, and then rolls them briefly,] eliciting the same action from the therapist.]35[Her fingers, however, roll slightly faster than Ann's, who stops, and then gently taps the drum with one finger, as the therapist plays a barely audible final roll, and then stops.]36[Ann, almost inaudibly, taps out one final beat,] sitting up straight,] still looking down at her drum.]

A3.23a: momentary confidence in rhythmic variation, followed by return to perseveration  
A3.24a: decreased physical expressiveness  
A3.24b: fades the music  
A3.24c: sudden increase in tempo

A3.25: partially mirrors therapist's new material  
A3.26a: quiet turn-taking  
A3.26b: partial physical expressiveness  
A3.27: increased animated expressiveness  
A3.28a: echoes therapist's new material

A3.29a: slows and fades  
A3.30: tentatively echoes therapist  
A3.31: slows and fades gradually, following therapist's lead  
A3.32a: suddenly sits up straight  
A3.32b: sudden stop, as therapist continues quietly  
A3.33: taps drum quietly, answered by therapist  
A3.34a: plays rhythmic variation, following therapist  
A3.34b: quiet turn-taking  
A3.35: joint cadence  
A3.36a: quietly taps final beat  
A3.36b: improved posture  
A3.36c: looks down

**Gabby – thick description 1 (G1)**

1[Gabby begins to play confidently on the xylophone, holding one beater lightly in her left hand, with her other hand poised over end of the instrument.]2[She watches her playing carefully, as though concentrating hard on what she is doing.]3[Her even tapping bounces over twelve notes in no clear pattern, except that the bright melodic contour moves up and down twice, covering the full length of the xylophone.] From her third note, the music therapist begins to quietly pluck the guitar in time in the key of C major, mirroring the bouncing quality in Gabby’s music. 4[After playing her twelve notes, Gabby plays three confident glissandos, moving smoothly down, up, down, with the last played like a cadence, as she pulls the beater off the instrument, flicking her wrist animatedly and looking up at the music therapist as she strums the tonic.]

5[Without looking, Gabby brings the beater back down with no obviously clear intent in her movement, and it taps a few quiet high notes, before she looks at the xylophone again and runs the beater hurriedly over the instrument. The music therapist mirrors her playing, plucking the guitar quickly,]6[when she begins to beat out more explosive individual notes in the same tempo as the beginning, starting with the same three notes as she used then (E-F-B), before moving onto a different melodic pattern, still comprised of twelve beats (eleven notes and a rest).] The music therapist flicks the strings of the guitar to mirror the brightness of her playing, 7[and then Gabby begins to play in half time, striking four determined beats, the last of which results in a pause ]8[ as the beater retreats smoothly from the xylophone, landing gently on her shoulder, mirrored by a pause in the therapist’s playing.

9[Almost immediately, Gabby brings the beater back down and begins to play softer glissandos, while the music therapist plucks rapidly but softly, 10[so that the music together seems to have the effect of water running over pebbles.]11[In a faster tempo than before, Gabby begins to play a similar melody as she had the first two times, but with a downward motion anacrusis. She plays more notes than before,]12[with a similar energy, while the music therapist flicks the guitar again, to reflect the bouncy nature of the music. 13[Gabby suddenly plays three slower beats, before leaning down quickly to pick up the other beater. 14[She begins to play again in the faster tempo, in common time, adding a few quavers at the beginning.]15[Gabby alternates her hands, playing about four notes with each hand, one at a time, before playing four glissandos, using the same amount of energy as before.]16[She is still looking down at the xylophone, and the music therapist’s playing continues to mirror her playing with soft strums in time to Gabby’s beating.

G1.1a: plays xylophone confidently  
G1.1b: partial physical expressiveness  
G1.2: focuses intently on own hands  
G1.3a: rhythmically even  
G1.3b: melodically scattered  
G1.3c: bright presence  
G1.4a: confidently plays smooth glissandos  
G1.4b: plays cadence  
G1.4c: animated expressiveness  
G1.4d: makes eye contact

G1.5a: absent-mindedly taps a few notes  
G1.5b: focuses on xylophone  
G1.5c: plays hurried glissandos  
G1.6a: plays explosive variation on earlier rhythm  
G1.6b: plays melodic variation  
G1.7a: plays determinedly in half-time  
G1.7b: initiates pause  
G1.8: smooth animated expressiveness

G1.9a: suddenly brings beater down  
G1.9b: plays soft glissandos  
G1.10: tumbling energy  
G1.11a: plays fast variation on earlier rhythm  
G1.11b: increased melodic variation  
G1.12: tumbling energy  
G1.13: decelerando  
G1.14a: plays fast basic beat  
G1.14b: elaborates her beat  
G1.15a: increased physical expressiveness  
G1.15b: plays soft glissandos  
G1.16: focuses intently on xylophone

17[After the glissandos, Gabby begins to play (in the same tempo) repeated notes,| alternating her hands every four beats. Her hand movements are now a little bigger.]18[The dynamics begin to increase| when Gabby does not stop playing as she did previously.] The therapist’s playing becomes fuller, as she begins to use stronger strumming. 19[Gabby suddenly plays a few rapid beats at the base of the xylophone,] and the therapist begins to strum quickly, again creating a fuller sound. 20[This time, when Gabby returns to playing a slower beat, the therapist maintains her rapid beat,]21[and Gabby then plays a few louder glissandos,| before playing quickly with alternating hands.]

22[When Gabby begins playing slower again,] the therapist only strums on beats one and four, 23[and the xylophone seems to ring more with Gabby’s emphasised beats.]24[Her playing also sounds more melodic and directed,| and she plays this melody with her left hand.] The added E minor chord in the therapist’s playing seems to add to the 25[more emotive quality in this section of the music.]26[Gabby ends this brief section by finishing on the lowest note,]27[and bringing her hands together under her chin, the beaters framing her face.]28[She grins at the therapist,] who pauses before the cadence, with her head tilted towards Gabby, as though asking her to play the last note with her. 29[Gabby does so, but the beater moves so quickly] that the therapist misses the beat and plays just after her.

30[Gabby then plays another beat,| maintaining eye contact with the therapist,] who hits a beat on the guitar just after her. 31[Gabby brings the beaters back up to her face,] as the therapist begins a slow rhythm, playing a strum-hit pattern. 32[Gabby begins to join in on the hits,| looking at the therapist on the strums and tilting her head towards the xylophone on the hits.]33[As she begins to play on each beat,| she makes less eye contact,| but her playing seems to have more of a flare, as she flicks the beater almost above her head each time.]34[Again, she is using only her left hand.]35[The music sounds very playful, with its pauses and the| increased eye contact.]

The therapist adapts her playing slightly because 36[Gabby is playing double time,] by playing a hit-strum-hit pattern, at a slightly faster tempo. She is also swaying from side to side. 37[Gabby joins in that rhythm,| still only using her left hand.] 38[She looks intently at the xylophone| as she plays with loud, bouncing beats,| and looks up at

G1.17a: plays repeated notes  
 G1.17b: increased physical expressiveness  
 G1.18a: crescendo  
 G1.18b: continuity  
 G1.19: suddenly plays rapidly  
 G1.20: plays slower rhythm against therapist’s quick rhythm  
 G1.21a: plays loud glissandos  
 G1.21b: returns to quick basic beat

G1.22a: decelerando  
 G1.23: plays xylophone with ringing quality  
 G1.24a: melodically structured  
 G1.24b: partial physical expressiveness  
 G1.25: musically emotive  
 G1.26: plays cadence  
 G1.27: frames face nervously with beaters  
 G1.28a: grins at therapist  
 G1.29: plays sudden final cadence in response to therapist’s non-verbal invitation

G1.30a: plays single note, as though starting new section  
 G1.30b: maintains eye contact  
 G1.31: frames face nervously with beaters  
 G1.32a: joins therapist’s rhythm  
 G1.32b: alternates focus between therapist and xylophone  
 G1.33a: increased involvement  
 G1.33b: decreased eye contact  
 G1.33c: increased animated expressiveness  
 G1.34: partial physical expressiveness  
 G1.35a: musically playful  
 G1.35b: increased eye contact

G1.36: plays double-time  
 G1.37a: joins therapist’s rhythm  
 G1.37b: partial physical expressiveness

the therapist when she changes her strumming pattern again, filling it out with fuller strumming.]39[Gabby looks back down at the xylophone| and plays a constant basic beat pattern, leaving no more rests.]40[She begins to incorporate both hands,| still playing in a bouncy manner over the whole xylophone,| and then adding glissandos with alternating hands,| pulling quickly and smoothly away from the centre.] The therapist slows her strumming, matching the rhythm of the glissandos. 41[The music slows| as though approaching a cadence, and Gabby plays a confident loud C, along with the therapist’s perfect cadence.]42[She then plays the same note repeatedly, getting faster,| and this seems to emphasis the finality of the cadence, and then she loudly taps one higher note, which does not fall in the chord, but still seems to denote the end,]43[as she sweeps the beaters off the xylophone and brings her hands up to her chin again,| looking up at the therapist and grinning.] The therapist plays a final strum, emphasising the tonic, 44[and Gabby giggles.] As the therapist pulls her hand away from the guitar to hit a final beat, she pauses for Gabby to notice, 45[and they play the final beat together.]

G1.38a: focuses intently on xylophone  
 G1.38b: bright presence  
 G1.38c: makes eye contact when therapist plays variation  
 G1.39a: looks down at xylophone  
 G1.39b: plays consistent basic beat  
 G1.40a: increased physical expressiveness  
 G1.40b: bright presence  
 G1.40c: plays glissandos with alternating hands  
 G1.40d: plays quickly and smoothly  
 G1.41a: decelerando  
 G1.41b: joint cadence  
 G1.42a: plays repeated note energetically on cadence  
 G1.42b: plays final cadence  
 G1.43a: animated expressiveness  
 G1.43b: grins at therapist  
 G1.44: expressed enjoyment  
 G1.45: joint cadence

**Gabby – thick description 2 (G2)**

**Part A**

The therapist nods towards Gabby, 1[as she pulls the large drum closer.]2[Gabby grins| and suddenly begins to beat out an explosive pattern on the drum, following a common time basic beat with a quick two-beat anacrusis to each main beat.]3[She maintains eye contact with the therapist,| leaning forward slightly| and smiling.]4[Her playing is loud| and her hand movements strong.] The therapist begins to play on the main beats, nodding in time, and matching Gabby’s energy, while not playing too fully over her embellishments.

G2.1: chooses large drum  
 G2.2a: expressed enjoyment  
 G2.2b: plays explosive ornamented basic beat  
 G2.3a: maintains eye contact  
 G2.3b: leans forward  
 G2.3c: smiles  
 G2.4a: plays loudly  
 G2.4b: physical expressiveness

5[Gabby begins to add more quick beats, elaborating on her original beat,| but then looks down at the drum, and changes back to her first beat.]6[This time, however, the original anacrusis beat falls on the therapist’s basic beat, changing the emphasis of the original rhythm.]7[Gabby quickly adapts her playing again, playing a double-time basic beat for one ‘bar’,| using just her left hand,| and leaning into the drum.]8[Her beats are louder| as she lifts her hand higher,]9[before adapting to another basic beat, in the tempo of her original anacrusis,]10[so that the music sounds fuller and more energetic,| maintaining the explosive quality.]

G2.5a: elaborates her beat  
 G2.5b: reverts to basic beat  
 G2.6: rhythmic variation  
 G2.7a: plays double-time  
 G2.7b: decreased physical expressiveness  
 G2.7c: leans into drum  
 G2.8a: plays loudly  
 G2.8b: increased physical expressiveness  
 G2.9: plays fast basic beat  
 G2.10a: increased energy  
 G2.10b: explosive energy

11[Gabby suddenly stops,| grinning,] and rubs her hands together, exclaiming ‘shoo’, as though they are sore, while the therapist maintains her basic beat, smiling back. 12[The therapist whispers something inaudible, and Gabby joins in with the basic beat, a little more tentatively than before.]13[However, she soon starts playing double-time| with her left hand again, adding an upbeat with her right.]14[As the music surges slightly,] the therapist begins to elaborate on her own beat, also including a 2-beat anacrusis before every 1<sup>st</sup> beat.

15[Gabby looks away towards the wall,| and shifts her hands to the centre of the drum, playing an even faster basic beat,| before looking back] and returning to the previous beat. 16[Her playing is quick, changing, and strong, as though there is an urgency to it.] The therapist maintains her accompaniment, until 17[Gabby leans into the drum intently, using just her left hand to beat out a powerful basic beat in the centre of the drum.] The therapist joins in this surging double-time beat to emphasise it further, as 18[Gabby has put more of her whole body into this beat than the previous ones.]19[As Gabby slowly pulls her body back up,| still looking at the drum and maintaining the intensity of her playing,] the therapist again begins to add an upbeat to each of her first beats.

20[Gabby suddenly slows her music,| grinning,] and pulling her hands together under her chin,| before quickly leaning down to her left side.] The therapist follows the decelerando, dramatically, going into a roll and final beat, as Gabby reaches down. Gabby comes back up grinning and holding the xylophone beater. 21[Maintaining eye contact,| she reaches out, hitting the cymbal playfully after the therapist’s beat,| then snatching her hand back to clasp the beater with both hands under her chin.]22[She and the therapist begin to laugh explosively.]

**Part B (7 minutes later)**

23[Gabby and the therapist are standing facing one another,| swaying,| both with their hands clasped in front of them.]24[Both are holding egg shakers in their hands, but are not shaking them, although they can be heard quietly at times as the pair sways.]25[Gabby is grinning| and her swaying seems uncentered and more hurried than that of the therapist.]26[The therapist begins to gently hum a long ‘hmm’. Gabby joins in, humming “uh-mm”, at a slightly higher pitch, and with more energy.] The ‘uh’ is at a slightly lower pitch, sliding up a fourth to the ‘mmm’.] The therapist holds her hum, dropping the pitch slightly to harmonise more tonally with Gabby, before raising it again to provide variation. 27[Gabby only

G2.11a: sudden stop  
G2.11b: grins  
G2.12: tentative re-engagement following therapist’s invitation  
G2.13a: plays double-time  
G2.13b: increased physical expressiveness  
G2.14: surging energy

G2.15a: looks away  
G2.15b: unfocused accelerando  
G2.15c: makes eye contact  
G2.16: urgent energy  
G2.17: leans into strong basic beat  
G2.18: increased physical expressiveness  
G2.19a: sits up straight  
G2.19b: continues strong beat

G2.20a: sudden decelerando  
G2.20b: expressed enjoyment  
G2.20c: clasps hands nervously under chin  
G2.20d: quickly leans down  
G2.21a: maintains eye contact  
G2.21b: echoes therapist’s beat playfully on cymbal  
G2.21c: clasps beater nervously under chin  
G2.22: joint explosive laughter

G2.23a: stand facing each other  
G2.23b: sways in time with therapist  
G2.23c: clasps hands nervously in front of her  
G2.24: quietly holding egg shakers  
G2.25a: grins  
G2.25b: sways hurriedly  
G2.26: hums energetically in response to therapist’s gentle hum

holds her hums for about 5 seconds, before breathing for a new one, while the therapist sustains hers for about 13 seconds.]28[Each time Gabby takes a breath, she lifts her chin slightly as she goes into the next hum.] The therapist raises her pitch to match Gabby's, before moving higher, and also incorporates the 'uh' start of Gabby's hums.

29[Gabby begins to raise her pitch too, before buckling over and laughing through her teeth, continuing to shift her weight more hurriedly than the therapist, from side to side.] Her shaker can be heard as she flops forward. The therapist maintains her sustained hums, smiling, as 30[Gabby continues to laugh, alternating between leaning over and leaning back.]31[She tries to join in again but her quiet hum dissolves into the hissing laughter again.] The therapist increases her dynamics, and maintains one note, instead of altering her pitch as before. 32[Gabby continues to sway and giggle, before shifting her hands behind her back, and twisting her body more as she sways, eyes closed, facing upwards towards the ceiling.]

As the therapist continues to hold one note, she also begins to shake her shaker, causing Gabby to stand still, 33[make eye contact, and begin to shake her shaker too, joining in with the humming again.]34[The shaking is continuous,] and as soon as Gabby has joined in vocally again, the therapist begins to move slowly in an upward melodic contour. 35[Gabby follows, with slightly different notes,]36[before she flops into laughter again. This time, it is more open, with less of a hissing quality,] and the therapist's hum falters as she begins to laugh briefly, before steadying her voice again. 37[The next hum, they begin together, with Gabby singing at the same pitch,] while the therapist drops her voice to a lower, harmonising note. 38[Gabby's hum seems to open into what sounds more like 'uh-who'.]39[She suddenly switches back to an 'mmm' sound, matching the therapist, the smile quickly disappearing from her face. She is standing still, looking at the therapist.]

40[After a few more hums, Gabby begins to hum "mmm-m-m-m", and then laughs again] when the therapist joins in at a higher pitch. 41[Gabby begins again] and both shake their shakers in time with this new rhythm, lifting the energy.]42[The therapist begins changing pitches every two rounds, but Gabby begins to sing a constant 'm-m-m', before returning to 'uh-mmm'.] The therapist joins in on a higher constant 'mmm', and 43[the two shake their shakers more vigorously, before Gabby stops, lowers her hands, grins, and exhales, "hoo".]

G2.27: hums for short periods against therapist's longer hums  
G2.28: physical expressiveness

G2.29a: raises pitch to match therapist  
G2.329b: buckles, laughing nervously  
G2.30: increased nervous physical expressiveness  
G2.31: attempts to re-engage before laughing nervously  
G2.32a: continued nervous physical expressiveness  
G2.32b: clasps hands nervously behind back  
G2.32c: increased physical expressiveness  
G2.32d: closes eyes nervously, facing ceiling

G2.33a: makes eye contact  
G2.33b: follows therapist's humming and shaking  
G2.34: continuous shaking  
G2.35: hums variation on therapist's melody  
G2.36: buckles, laughing more openly but nervously  
G2.37a: joint re-engagement  
G2.37b: sings previous melody  
G2.38: opens hum into vowel sound  
G2.39a: suddenly reverts to humming, nervously  
G2.39b: nervously stops smiling and moving  
G2.39c: makes eye contact

G2.40a: hums rhythmic variation  
G2.40b: laughs  
G2.41a: re-engagement  
G2.41b: shakes shaker in time to hum  
G2.41c: increased energy  
G2.42a: sings steady rhythm against therapist's variation  
G2.42b: returns to previous humming pattern  
G2.43a: shakes shaker vigorously  
G2.43b: initiates ending

The therapist inhales and pauses, looking away, and 44[Gabby is the one to start again.]45[Both are now standing still,] but the therapist shakes her shaker continuously. When she joins Gabby, she opens her vocalisation into an 'oh' sound at a lower pitch, harmonising with Gabby, 46[who also then opens into the fuller vowel sound, dropping her pitch slightly,] before flopping into laughter again, and swaying to the side.] The therapist mirrors this sway, also allowing some laughter to disrupt her vocalisation. 47[Both of them spontaneously begin the same note, the therapist changing to an 'ah' sound,] before Gabby's voice cracks again into laughter.] The therapist maintains her sound, stops swaying, and shakes her shaker vigorously. 48[Gabby stops too,] and shakes her shaker in the same way,] the energy building,] before singing on 'whooh' again.] The therapist changes to 'uh-whooh', and slowing begins to move her pitch in upward steps. She begins to sing a crescendo on one note, and Gabby starts shaking a beat, as though her hand is becoming tired from the constant shaking. The therapist mirrors this beat in her voice, beginning to accelerate. 49[As Gabby joins in the acceleration,] grinning,] the two begin to sing an upward glissando, becoming faster as they go,] suddenly stopping as they reach the top,]50[when Gabby flops forward into laughter again,] while the therapist remains still, but laughing, her eyebrow raised.

51[As Gabby comes back up, making eye contact,] the therapist begins to sing a slow basic beat on 'ooh', singing softly. 52[Gabby joins in, also softly,] but using large hand motions when shaking her shaker.]53[She sings at a higher pitch than the therapist, but otherwise matches her,] and the two increase their dynamics together.] The therapist mirrors Gabby's large hand movements, throwing her hand down on each shake, and 54[Gabby's flinging movements become even stronger.]55[Again, they begin to build the sound, and it becomes faster and higher,] in a more energetic glissando to a higher pitch than before.]56[This time, Gabby does not fold over as before;] instead, both giggle,] but remain upright, shaking their shakers,] and maintaining eye contact.]57[They slow the shaking slightly,] and Gabby suddenly brings her shaker down, clasping it in both hands, while both exhale.]

58[Gabby looks away briefly, and moves her shaker in an action that resembles swatting a fly or clicking her fingers with attitude. The therapist mirrors this, looking intently at Gabby, and] 59[Gabby switches the shaker to her other hand to repeat the action. The

G2.43c: grins

G2.44: initiates start  
 G2.45: standing still  
 G2.46a: follows therapist to using vowel sound  
 G2.46b: buckles, laughing nervously  
 G2.47a: joint re-engagement  
 G2.47b: laughs nervously  
 G2.48a: follows therapist's stop  
 G2.48b: follows therapist's shaking  
 G2.48c: increased energy  
 G2.48d: sings vowel sounds again  
 G2.49a: follows therapist's accelerando  
 G2.49b: expressed enjoyment  
 G2.49c: joint vocal glissando  
 G2.49d: sudden stop  
 G2.50: buckles, laughing nervously

G2.51: stands up straight, making eye contact  
 G2.52a: tentatively joins therapist's vowel sounds  
 G2.52b: increased physical expressiveness  
 G2.53a: mirrors therapist at higher pitch  
 G2.53b: joint crescendo  
 G2.54: increased animated expressiveness  
 G2.55a: increased energy  
 G2.55b: joint energetic glissando  
 G2.56a: remains upright  
 G2.56b: joint laughter  
 G2.56c: continuous shaking  
 G2.56d: maintains eye contact  
 G2.57a: decelerando  
 G2.57b: sudden stop, clasping shaker nervously in front of her

G2.58: makes fly-swatting action, followed by therapist  
 G2.59: brief turn-taking on fly-swatting action  
 G2.60: shake shakers vigorously together

therapist follows,]60[and then both begin shaking them vigorously with their other hands.]61[Gabby switches it back to her other hand, looking at it intently,]62[and then dropping it accidentally. They both laugh as she picks it up,] and then the therapist asks, “Can you give a loud sound, like, ‘ha!’”, shouting with a rough timbre. 63[Gabby echoes the sound, matching the timbre and volume, but with less of an immediacy as the therapist.]64[The therapist immediately returns the sound, sharply, and they exchange it a few times,| the sharpness increasing in Gabby’s voice,| as they use quick nodding movements as they shout on their turns.]65[Gabby begins to bend her knees on each of her turns too, putting more full-body movement into her vocalisations. Both begin to sway slightly, but in a more animated way,| moving with their choppy vocalisations, and not in the gentle swaying motion they used during the humming.]66[The therapist suddenly shouts, “Waaah!”, and Gabby laughs, leaning backwards, and then swinging forwards and down.] The therapist shakes her shaker quickly, smiling and waiting for Gabby. 67[When she comes up,] the therapist puts her finger to her lips. “Quiet,” she says. 68[Gabby copies the action,] as the therapist sings a short, barely audible ‘ooh’. She pauses, and then repeats herself, 69[when Gabby sings a slightly longer, louder ‘ooh’.] The therapist repeats herself, and Gabby then brings her volume and duration down,| twisting from side to side.]

70[The therapist quietly says, “Ha”, and Gabby responds with a louder ‘ha’. The therapist changes to a louder ‘eh’, with a rougher timbre, and Gabby responds even louder,| pulling her head back in an almost questioning manner,| before laughing loudly.] “And now a weird sound,” the therapist says, shrugging her shoulders, and bringing her hands together. “Anything that’s strange, like [snorts].” 71[Gabby throws her head back| and snorts,| to which the therapist responds, also throwing her head back and exclaiming, “Aya,” in a strained timbre. Gabby snorts again, and the therapist continues, on her turn, to make sounds with the strained timbre, followed by Gabby, who uses a similar sound once,| before laughing again.]72[They begin to shake their shakers continuously again,] before the therapist says, “And back to... Ooh, ooh, ooh...,” shaking her shaker in time to this new, slightly faster tempo. 73[Gabby joins in quickly, with shaker and voice,] and the therapist changes the note after every four beats, singing from B, B-C#-D#-C#. 74[Gabby watches her intently,| singing slightly softer, almost matching pitch.]75[Her shaking is forceful, as she flings her arm down on each beat.]76[They begin to bounce their shakers in double time,] as the therapist drags the large drum between them, and hands Gabby a stick, keeping one for herself. 77[Gabby tries to maintain the beat with her shaker, as she switches hands and turns the drum stick around.]

G2.61: focuses intently on own hand  
 G2.62: joint laughter as client drops and retrieves her shaker  
 G2.63: copies therapist’s loud shout  
 G2.64a: turn-taking on loud shouts  
 G2.64b: increased vocal sharpness  
 G2.64c: increased physical expressiveness  
 G2.65a: increased animated expressiveness  
 G2.65b: choppy energy  
 G2.66: buckles, laughing nervously at therapist’s loud vocal variation  
 G2.67: stands up straight  
 G2.68: copies therapist’s motion to be quiet  
 G2.69a: sings loud vowel in response to therapist’s quiet vowel  
 G2.69b: adapts to therapist’s volume  
 G2.69c: increased physical expressiveness

G2.70a: repeatedly sings loud vowel in response to therapist’s soft vowel  
 G2.70b: increased animated expressiveness  
 G2.70c: expressed enjoyment  
 G2.71a: increased animated expressiveness  
 G2.71b: snorts in response to therapist’s invitation to make a strange sound  
 G2.71c: turn-taking with strange sounds  
 G2.71d: expressed enjoyment  
 G2.72: continuous shaking  
 G2.73: joins therapist in vocal and shaker rhythm  
 G2.74a: focuses intently on therapist  
 G2.74b: matches therapist softly  
 G2.75: shakes forcefully  
 G2.76: play double-time  
 G2.77: prepares to use drumstick offered by therapist while maintaining beat

The therapist is the first to hit the drum, on the first beat of a bar. 78[On the next bar, both hit the drum on the first beat,| their sticks bouncing off of its skin,| while they maintain their voices and shakers on the rest of the beats.]79[As they continue to do this, the therapist begins to sing an ascending scale, and Gabby follows,| but her voice sounds soft and strained, and she seems to be singing through her teeth.]80[The therapist exclaims loudly, “Whoa!”, as she almost drops her egg, causing Gabby to laugh,| before they reach the top of the scale, and the therapist holds the surging note longer,| before dropping back down to the bottom note again, where Gabby joins her.] This time they do not build it immediately, staying on the same note. The therapist tilts her head slightly, left and right, on each beat. 81[When Gabby joins in, both begin to elaborate on the move, putting more of their bodies into it, in a sassy manner,| bending their knees, swaying further, and then stepping from side to side.]

The therapist then begins to sing a scale again, starting on Bb, this time only going up to the fourth, before singing an anacrusis on the notes D and C, and then landing on Bb to start the scale again. 82[Gabby’s voice is softer but clearly audible,| and her moves become more individualised. She sways, leading slightly with her shoulders, her following foot tapping the ground next to the leading one gently, before pulling sideways for the next step.] The next time they reach the fourth, the therapist suspends it, using a wide, slow vibrato, before continuing up the scale. 83[Gabby’s voice goes down, and when the therapist’s goes up,| she quickly pulls the stick up to her shoulder, shrugging briefly, her head tilted, looking almost bashful,| and grinning,| before joining in at the pitch of the therapist again.]84[Her striding steps become wider| as the pitch and volume increase.]85[When they reach the top note, the therapist’s voice is clearly louder than Gabby’s,| whose voice has more of a squeaky rather than open quality.] The therapist sings a downward contour, on the notes Bb-A-G-F-Eb. Here, they begin a scale again, in the same way, 86[except that Gabby changes to a constricted-sounding hum, which the therapist then mirrors.]87[They begin to use an open ‘uh’ sound on the first beat of each bar. | They maintain eye contact| as well as the energy in their movements.]

When they reach the Bb again, the therapist suddenly stops swaying, leans over, and plays a one-handed roll on the drum, her voice surging. 88[Gabby stops too, and although she does not vocalise the last note, she leans over and follows the therapist’s roll,| looking at her and grinning.] The therapist suddenly lifts her stick quickly over her head, her eyebrows raised, and 89[Gabby follows, snatching her stick up and resting it on her shoulder,| before they both suddenly beat a final beat together,| Gabby bouncing the stick

G2.78a: hit drum together on first beats  
 G2.78b: bright presence  
 G2.78c: continue singing and shaking  
 G2.79a: follows therapist singing ascending scale  
 G2.79b: sings with strained vocal timbre  
 G2.80a: laughs as therapist almost drops shaker  
 G2.80b: stops briefly on therapist’s suspension, before re-engaging vocally  
 G2.81a: joins therapist’s increased animated expressiveness  
 G2.81b: increased physical expressiveness

G2.82a: sings softly but clearly  
 G2.82b: dances gently to the beat  
 G2.83a: sings downwards melodic contour as therapist sings upwards  
 G2.83b: animated nervous expressiveness after realising perceived mistake  
 G2.83c: grins nervously  
 G2.83d: joins therapist’s pitch  
 G2.84a: increased physical expressiveness  
 G2.84b: increased energy  
 G2.85a: sings softer than therapist  
 G2.85b: squeaky vocal quality  
 G2.86: strained hum, mirrored by therapist  
 G2.87a: add vowel sound to beginning of phrases  
 G2.87b: maintains eye contact  
 G2.87c: maintain energy

G2.88a: partially follows therapist in roll  
 G2.88b: grins at therapist  
 G2.89a: follows therapist in suddenly snatching stick up  
 G2.89b: joint cadence  
 G2.89c: snatches stick back to shoulder  
 G2.89d: expressed enjoyment

back onto her shoulder,| grinning,] and the therapist allowing hers to follow through and sweep down to her side.

**Gabby – thick description 3 (G3)**

1[Kuz'izaqhwithi, kuz'izivunguvungu *[it is tornadoes; it is upside down]*

Mini nobusuku ujikelezana neendonga *[day and night, you are on my mind]*

I'm drifting away]

2[I may have made mistakes]

3[Kodwa ndinethamsanqa] *[but I am lucky]* (x2)

4[People say that I'm little  
And that makes me sad]

5[I want to be a grown-up]  
And I'll sing with a grown-up voice]

6[Gabby pulls the large drum closer, holding it with her knees,] as the therapist begins to play a chord progression on the guitar (G-D-A). 7[Gabby looks down at the rope on the drum, fiddling with it, the bells around her wrist jingling softly, and then uses it to pull the instrument even closer,| looking up,] as the therapist adapts her strumming from a smooth pattern to a choppy, syncopated rhythm. 8[The therapist raises her eyebrows and smiles as Gabby giggles.] Once this contact is made, the therapist returns to her original strumming pattern, and 9[the two begin to sing on the same beat, the song that Gabby has written with the help of the therapist.]

10[The song starts on an upbeat, and Gabby begins to hit the drum quietly with a flat hand on the first downbeat,| playing 3 quick beats to the common time frame, before settling into a half-time basic beat.]11[The first three beats, she plays with her right hand, before switching to her left, her left wrist and open right hand resting on the drum,| further dampening the 'flat' sound,| while the flowing vocals provide a slightly more vibrant energy.]12[Client and therapist sway gently, mirroring each other as they sing.]13[The therapist's voice is louder than Gabby's, but Gabby's is still clearly audible,| though more childlike,| and she sits up straight,| maintaining eye contact| and smiling.]14[The pair begin to extend their sways to include more use of their heads.]

G3.1a: uses song-writing to express confusion

G3.1b: uses song-writing to express remembering someone constantly

G3.1c: uses song-writing to express that she is drifting away

G3.2: uses song-writing to acknowledge she has made mistakes

G3.3: uses song-writing to express that she is lucky, even after the challenges

G3.4: uses song-writing to express sadness at being called little

G3.5a: uses song-writing to express desire to be a grown-up

G3.5b: uses song-writing to express that she will sing like a grown-up

G3.6: chooses large drum  
G3.7a: loses focus, looking intently at the rope of the drum

G3.7b: makes eye contact  
G3.8: giggles as therapist raises eyebrows

G3.9: begin singing client's song together

G3.10a: plays main beat in time on drum

G3.10b: plays half-time beat after brief rhythmic experimentation

G3.11a: partial physical expressiveness

G3.11b: dull instrumental presence

G3.11c: vibrant vocal presence

G3.12: joint swaying

G3.13a: sings softly but audibly

G3.13b: childlike vocal quality

15[On the words 'I'm drifting away', the therapist, followed closely by Gabby, becomes still, playing a slower, more dramatic strum, letting her hand float away to the side and over her head.]16[Gabby also engages in this suspended movement, her flat hand floating in mirror image to the therapist's, while their voices fade momentarily, before following the accelerated downward movement of their hands back onto their instruments for the next downbeat.]17[Gabby's hand bounces playfully off the drum on this louder beat, before she settles her wrist on the skin again.]

18[Their singing sounds more playful as client and therapist shorten their words slightly, emphasising 'S' sounds, and returning to swaying.]19[Gabby's hand begins to bounce a little further from the drum, and she moves her right hand off the skin, so that her beats become deeper.]20[As they sing 'kodwa ndinethamsanqa', they emphasise the 'A' in 'kodwa', singing it choppily over four syllables, the last two of which are double time.]21[They further emphasise the first three syllables by beating them out on their instruments, while letting their voices slide down into the fourth.] The therapist's energetic strumming resumes again on '-sanqa', while 22[Gabby begins at this point to play in double-time, bouncing her hand higher off the drum again.]23[They repeat this phrase as before, but this time, adding snappy sideways head movements on the syllables too.]

Gabby stops playing momentarily, before the next verse, dropping her hand to her side to pull the drum even closer, 24[before returning it to the skin and continuing to beat out the driving double-time rhythm.]25[After 'People say that I'm little', she uses her fist to pound out three beats, before returning to an open hand.]26[She then switches to her right hand, shaking the left vigorously so that the bells ring louder.]27[She quickly switches back to the left hand, leaning to her right and hitting the drum harder than before.]

28[She returns to an upright position, and fiddles with the bells on her wrist, while still trying to maintain the beat to the words 'I want to be a grown-up'. She loses the rhythm, missing a few beats.] The therapist incorporates this into her music as a suspension, pausing on the guitar, her hand raised in front of her, until 29[Gabby quickly

G3.13c: sits up straight  
G3.13d: maintains eye contact  
G3.13e: expressed enjoyment  
G3.14: joint increased physical expressiveness

G3.15: follows therapist in mirroring 'drifting away' with movement  
G3.16a: follows therapist's embodied and vocal suspension  
G3.16b: joint embodied accelerando  
G3.17a: bright presence  
G3.17b: return to partial physical expressiveness

G3.18a: vocally playful  
G3.18b: increased physical expressiveness  
G3.19a: bright presence  
G3.19b: plays with warm instrumental presence  
G3.20: choppy vocal playfulness  
G3.21a: joint mirroring of vocal emphasis on drums  
G3.21b: vocally smooth  
G3.22a: plays double-time  
G3.22b: increased physical expressiveness  
G3.23: joint repetition of phrase with increased animated expressiveness

G3.24: plays loud, driving double-time beat  
G3.25: beats drum briefly with fist on 'people say that I'm little'  
G3.26a: increased physical expressiveness  
G3.26b: shakes bells vigorously  
G3.27: leans into drum, hitting harder

G3.28a: sits up straight  
G3.28b: focuses intently on bells on wrist  
G3.28c: loses the rhythm  
G3.29a: quickly re-engages following therapist's suspension

provides the next first beat, in time,| grinning.] The therapist smiles back, returning to her strumming in time, so that the energy is maintained. 30[Gabby's continuous basic beat returns on the next downbeat,| as her hand bounces further from the drum,| hitting it with different positions, using her flat hand, the heel of her hand, and a fist, on the words 'and I'll sing in a grown-up voice'.]

31[This time, when they go back to the chorus, Gabby's music is more driving, with her loud double-time beat.]32[It drowns out her voice more than before,| but she is engaged and singing, maintaining eye contact with the therapist.]33[On the second line, Gabby's beats return to half-time, but they are still louder and more energetic than at the beginning of the song.| She plays a few double time beats again right before 'I'm drifting away',]34[her hand slapping the drum limply,| before being pulled off in a gentle suspension, as before.]35[This time, however, her fingers are more relaxed,| and as she and the therapist bring their hands over their heads, their bodies join in the circular motion, following the movement of their arms and flopping over to the side, before returning to the centre to play the downbeat.]

36[The energy surges slightly in their music,| as Gabby's beat becomes bouncier] and the therapist plays louder than before. 37[This time, reaching the hook, both are more animated in their movements, flicking their heads from side to side,| Gabby using both hands to play the snappy beats, before moving to her right hand for the basic beat.] The therapist softens her playing, asking, "What else are you?", and 38[Gabby stops playing altogether, sitting straight and still, looking at the therapist.]39[The therapist quickly says, "So we play 'Kodwa...'; what else?" shrugging her shoulder as Gabby laughs at her. "Ndi...?" the therapist asks,]40[and Gabby quietly and hesitantly begins to sing the original lyrics,| grinning,| and swishing her head gently from side to side.] "And what else?" the therapist asks again. "What about, ndinamandla?" she suggests, flexing her muscles, and offering an example in case Gabby has not understood properly due to the language barrier. 41["Ja?" she asks, as Gabby giggles and nods towards her.]

44[The therapist begins singing the hook snappily again, and Gabby joins in with voice and drum,| beginning to sing the original lyrics, as the therapist slightly over-annunciates the new lyrics, smiling.]45[As she repeats it, Gabby joins in with the new lyrics,| bouncing her left hand off the drum in time.] "And what else?" the therapist asks, beginning the line quietly, and then waiting for Gabby, who has stopped playing, to finish it. 46[Gabby sings a decelerating 'ndinamandla', leaning back slightly into her chair,] before the therapist asks, "And what else?" 47[They both giggle as| Gabby hugs

G3.29b: expressed enjoyment  
G3.30a: returns to basic beat  
G3.30b: increased physical expressiveness  
G3.30c: plays drum in multiple new ways when singing about being a grown-up

G3.31: plays loud, driving double-time beat  
G3.32a: her playing drowns out her voice  
G3.32b: maintains eye-contact  
G3.33a: plays energetic half-time beat  
G3.33b: brief return to energetic double-time beats  
G3.34a: relaxed participation  
G3.34b: plays gentle animated suspension  
G3.35a: relaxed participation  
G3.35b: increased physical embodiment of 'drifting away'

G3.36a: surging energy  
G3.36b: bright presence  
G3.37a: joint increased animated expressiveness  
G3.37b: increased physical expressiveness  
G3.38: stops suddenly as therapist asks what else she is  
G3.39: laughs nervously at therapist as she tries to ask what else client is  
G3.40a: tentatively sings original lyrics  
G3.40b: grins  
G3.40c: swishes head  
G3.41: giggles and nods at therapist's suggestion of 'ndinamandla'

G3.44a: joins therapist singing hook  
G3.44b: begins singing original lyrics as therapist sings the new ones  
G3.45a: joins therapist as she sings new lyrics  
G3.45b: bright presence  
G3.46a: tentatively sings 'ndinamandla' in response to therapist's invitation for new lyrics

the drum to her,] and the therapist exclaims, “One more!”

48[Gabby leans a little over the drum, still hugging it,| grinning and looking at the ceiling, as though thinking of another ending.]49[There is complete silence for a moment, and then |Gabby leans back with a breathy laugh, returning to an upright position,| and throwing her head even further back, before shaking it from side to side,| her smile disappearing. She looks back at the therapist, tilting her head and giggling quietly,] as the therapist raises her eyebrows, looking up and smiling back. 50[Gabby rocks in her chair, looking towards the ceiling again,] and the therapist suggests, tapping her chest, “Something about yourself. I am...? Ndi...?” shrugging again. 51[Gabby rocks back again, coming back up, and quietly letting ‘ndi’ slide out of her mouth. “Ndiimhle!” she exclaims, nodding her head decidedly with a strong action,| and pulling the drum up in front of her face, before allowing it to tilt forward.] The therapist repeats her word twice to clarify what she said because she does not understand this word. As Gabby nods, the therapist begins to sing the hook again, and 52[Gabby, leaving the drum up on her knees, reaches her left hand up to hit it gently.]53[The therapist checks, “Like that?” and Gabby nods and giggles, as the therapist repeats the word one more time.]54[Gabby begins to sing it quietly by herself,| letting the drum slowly slip between her knees again.]55[As she sings the line, her voice becomes stronger, moving away from a whispering quality to a more open| but still child-like sound, with an almost squeaky timbre.]56[As Gabby reaches the end, she slaps the sides of the drum quietly,| adding the words ‘ndiimhle ke lakhe’.] The therapist, who has played along very quietly, repeats the words in a questioning way, to clarify them. 57[Gabby giggles, flopping over the drum,| and drawing herself back up, before nodding.]

The therapist begins strumming and singing strongly, lifting the energy again after the verbal interaction, and 58[Gabby begins to play with large confident hand movements,| suddenly pulling her hand off the drum on the new words,| as the energy drops a little in both their playing.]59[However, when they repeat it, there is a surge in the energy,| and this time, Gabby does not stop playing on the new words,| but switches to her right hand, her movements becoming even bigger,| with her last beat landing flat on the drum, instead of bouncing off.] The therapist goes back to the chorus, with busier strumming, and 60[Gabby begins to play in double-time again,| her left hand bouncing higher and higher off the drum,| until she switches again to a half-time beat,| while flicking her wrist animatedly,| creating a sharp bell chime on the off-beats.]61[She soon returns to a consistent double-time beat,| the tempo having

G3.47a: joint nervous laughter  
G3.47b: hugs drum nervously

G3.48a: leans over drum, hugging it nervously  
G3.48b: grins at ceiling  
G3.49a: brief nervous silence  
G3.49b: leans back briefly, laughing nervously  
G3.49c: shakes head dramatically  
G3.49d: stops smiling, nervously  
G3.49e: giggles nervously towards therapist  
G3.50a: looks briefly at ceiling  
G3.51a: confidently suggests ‘ndiimhle’  
G3.51b: hugs drum nervously in front of face  
G3.52: gently taps drum as therapist begins to sing ‘ndiimhle’  
G3.53: nods and giggles as therapist checks word  
G3.54a: quietly sings ‘ndiimhle’ alone  
G3.54b: moves drum down from face  
G3.55a: increased vocal strength  
G3.55b: childlike vocal quality  
G3.56a: plays on side of drum  
G3.56b: adds words to ‘ndiimhle’ that retain the meaning  
G3.57a: buckles, laughing nervously  
G3.57b: sits up straight and confirms lyrics in response to therapist asking

G3.58a: increased physical expressiveness  
G3.58b: sudden nervous stop on new words  
G3.58c: decreased energy  
G3.59a: surging energy  
G3.59b: continues playing through new words  
G3.59c: increased physical expressiveness  
G3.59d: plays determined beat  
G3.60a: plays double-time  
G3.60b: bright presence

increased slightly,| so that the singing sounds hurried as they try to fit all the words in, accelerating slightly| to the sudden suspension on 'drifting away', which the therapist emphasises, by sustaining slightly longer than usual,| as they both bring their arms and heads around in a circle, falling onto the next quick downbeat.][62[The music is louder and more energetic,| with Gabby's confident beat driving the tempo.][63[The therapist frowns at her own hair that has got in her face, and Gabby laughs as she flicks it back,| while they both maintain the music.]

64[On the hook, Gabby switches to her right hand, slapping the drum, her wrist and fingers curling loosely off the skin| as they bounce up after each beat.][65[On the repeat, Gabby stops playing,| rocking her legs in time,| and grinning at the therapist,| as she sings the new lyrics 'ndinamandla'. There is a surge in her voice on the third repeat, and 66[Gabby joins in again with her left hand.][67[The therapist leaves space for Gabby to finish that line, and she confidently exclaims, "Ndiimhle!" as the therapist nods,| and they laugh together.] They sing it one more time, going back to 'ndinethamsanqa', as Gabby pulls the drum towards her again and then allows it to lean forward.

68[The last time, they drop the dynamics, as well as slowing a little. | The therapist plays fewer strums, and Gabby does not return to the drum, rather holding onto the rope around it. | Their singing decelerates quietly, to the last syllable,][69[of which the 'Q' click resonates as they slide down into the last note, the therapist leaning forward and strumming it softly on the guitar.][70[The note is soft and clear, and they hold it slightly,| before Gabby giggles softly.]

G3.60c: reverts back to animated half-time  
 G3.60d: increased animated expressiveness  
 G3.60e: plays bells on off-beats  
 G3.61a: reverts to double-time  
 G3.61b: hurried accelerando  
 G3.61c: hurried singing  
 G3.61d: joint emphasised suspension on 'drifting away'  
 G3.61e: joint embodied suspension  
 G3.62a: increased energy  
 G3.62b: drives tempo confidently  
 G3.63a: laughs when therapist gets her hair in her face  
 G3.63b: musical continuity

G3.64a: relaxed participation  
 G3.64b: bright presence  
 G3.65a: sudden stop  
 G3.65b: continues physical expressiveness  
 G3.65c: grins at therapist  
 G3.66: joins therapist as she sings new lyrics  
 G3.67a: sings 'ndiimhle' as therapist leaves space for her  
 G3.67b: joint expressed enjoyment

G3.68a: decreased energy  
 G3.68b: decreased instrumental engagement  
 G3.68c: decreased vocal energy towards cadence  
 G3.69: resonant cadence  
 G3.70a: sustained soft vocal cadence  
 G3.70b: expressed enjoyment

**Power – thick description 1 (P1)**

1[Client and music therapist begin to hit the drums sternly, playing a moderate basic beat, alternating hands. Power plays with flat hands, keeping her body stiffly straight| and watching the therapist,| smiling gently,] while the therapist sways in time. 2[While the therapist bounces her hands slightly off her drum, Power gently taps hers, bringing her fingers to rest on the edge of the drum after each beat,| with a flatter energy than that of the therapist.]3[She glances down at the other instruments on the floor,| and as she brings her eyes back up, she adds a roll on the third beat.]4[The second round, she does not play it, but adds it again on the third,] where the therapist adds a double hit on the same beat further emphasising Power’s choice.

5[Power’s beats are becoming bouncier,| as she lifts her hands further from the drum.]6[She bites her bottom lip, watching the therapist’s hands,| and leans in very slightly on each roll. Her body begins to twist a small amount in time,| and her smile grows.]7[The sustained basic beat begins to hold a little more energy,| as Power’s stiff movements become mildly looser.]

8[The roll variation in the gravitas beat occurs every six beats, and the slow march with the short rolls starts to sound like a ‘march to the gallows’,| although it also holds a more playful energy.]9[The tempo rises slightly, adding a sense of urgency to the music.]10[After a few rounds, Power plays her roll a beat early,] and the therapist then goes into a new constant, complimentary beat, where each main beat is preceded by two quaver upbeats. 11[Power continues with her basic beat,| leaning in more on each, her hands bouncing a little higher off the drum.]12[She giggles, seemingly nervously, towards the therapist,] who smiles back.

13[Power then begins her controlled roll again,] and the therapist leaves out one beat afterwards, so that there is a brief moment of silence. 14[She continues as Power suddenly grabs her right hand in her left,| leans quickly over the left side of the drum, and giggles.]15[She puts down the stick that has been resting on her lap, before joining in again with her basic beat and roll every 6 beats.] The therapist elaborates her beat a little, adding more quavers, with semi-quavers as upbeats; however, her playing is still very structured with no syncopation, 16[and Power is able to maintain her beat against it.]17[She bites her lip again, smiling slightly, and looking down intently at her own hands.]

18[Power loses the beat briefly, but is able to return to her basic beat,] as the therapist exaggerates the main beats slightly, lifting her hand higher, and keeping the music steady. 19[Power suddenly

P1.1a: rigid involvement  
P1.1b: makes eye contact  
P1.1c: expressed enjoyment  
P1.2a: partial physical expressiveness  
P1.2b: flat energy  
P1.3a: loses focus  
P1.3b: extends rhythm  
P1.4: tentative variation

P1.5a: bright presence  
P1.5b: increased physical expressiveness  
P1.6a: focuses intently on therapist’s playing  
P1.6b: increased physical expressiveness  
P1.6c: expressed enjoyment  
P1.7a: increased energy  
P1.7b: increased relaxed involvement

P1.8a: gravitas energy  
P1.8b: playfulness  
P1.9: sense of urgency in tempo increase  
P1.10: rhythmic variation  
P1.11a: perseverative rhythm  
P1.11b: increased physical expressiveness  
P1.12: laughs nervously

P1.13: gravitas energy  
P1.14a: sudden nervous stop  
P1.14b: laughs nervously  
P1.15: returns to perseverative rhythm  
P1.16: maintains perseverative rhythm against therapist’s variation  
P1.17: focuses intently on own playing

P1.18: returns to basic beat after losing the rhythm  
P1.19a: sudden nervous stop

stops,| throws her head back, and covers her mouth with her right hand, laughing.]20[The therapist continues to maintain the beat, smiling and raising her eyebrows towards Power, who brings her head back down and starts playing again.] As she does so, the therapist quickly increases the tempo, playing the rhythm she played earlier with the two-quaver upbeats. 21[Power tries to join in, laughing, but cannot play the rhythm and stops again,| hands poised over the drum, watching the therapist's hands concentratedly. She brings her hands to rest on the drum, watching as the therapist continues.| Her head nods slightly, her lips parted, and her eyes focused on the therapist's hands, as though trying to count out the beat.]22[As she joins in again, the therapist switches to a basic beat, as though to catch her, before returning to her previous beat, interspersed with sections of quaver beats, into which Power can more easily fit her basic beat.]23[Power adds her role again,| before playing an off-beat, exclaiming squeakily, and quickly pulling back.]24[Her head rocks back, exasperatedly,] as the therapist says, "Good!" and continues with her beat.

25[Again, when Power joins in with more determination, sitting up straight, and hitting with more of a controlled bounce,| her shoulders moving with her beat,] the therapist also comes back to the same basic beat, saying, "So, whenever you get stuck, you just come back to this." 26[Power nods, and smiles,| looking down at the therapist's hands.]27[When the therapist starts her more elaborate beat again, there is a surge in Power's energy as she tries to join in with her roll,| missing the beat slightly, and pulling her hands back to her mouth, laughing.| Her laugh is louder than before, and seems somewhat strained, as though there is some desperation in her voice.]

28["O.K.!" she exclaims with a nod,| as she immediately begins to hit out the basic beat again.] The therapist nods and elaborates her beat; it is still mostly like her previous one but with more energy. 29[Power hits the basic beat, and at the end of each phrase (when the therapist plays regular quavers), she uses just one hand, trying to add in a quaver beat of her own.]30[Her movements seem very controlled, with a tense energy.]

31[Again, Power tries to add her roll, stopping with an exasperated sigh,| before a louder "O.K.!"| after which she returns to the basic beat, along with the therapist,] who this time matches her roll. 32[At first, Power stops playing after her roll, but then joins in again,| and the two play the last bar together.]33[Power makes more eye contact with the therapist, instead of only looking at her hands.]34[They lean in slightly towards each other on the last roll,| and Power giggles quietly.]

P1.19b: laughs nervously  
P1.20: begins playing again after non-verbal invitation from therapist  
P1.21a: laughs nervously following attempt to join therapist's new tempo  
P1.21b: focuses intently on therapist's playing  
P1.21c: increased physical expressiveness  
P1.22: plays simple rhythm along to therapist's supporting rhythm  
P1.23a: rhythmic variation  
P1.23b: sudden stop following perceived mistake  
P1.24: expresses frustration

P1.25a: plays with determined confidence  
P1.25b: increased physical expressiveness  
P1.26a: acknowledges therapist's suggestion to return to basic beat when lost  
P1.26b: focuses intently on therapist's playing  
P1.27a: surging energy following therapist's variation  
P1.27b: laughs nervously following missing a beat  
P1.27c: strained vocal timbre

P1.28a: exclaims determinedly  
P1.28b: plays with determined confidence  
P1.29: plays rhythmic variation  
P1.30: plays with tense, controlled movements

P1.31a: expresses frustration following sudden stop  
P1.31b: exclaims determinedly  
P1.31c: returns to basic beat with therapist  
P1.32a: stops briefly before reengaging more confidently  
P1.32b: joint cadence  
P1.33: increased eye contact  
P1.34a: increased physical expressiveness  
P1.34b: expressed enjoyment

**Power – thick description 2 (P2)**

1[The therapist, followed by Power, scratches the top of her drum quietly with two sticks. They hold the sticks upright in fists, and begin to scratch in circular movements, | with no clear rhythm.]2[However, the circular motion creates a rolling surge-fade sound.]3[Power, sitting up straight, looks down briefly to her left, while the therapist focuses on her own drum.]4[After Power looks back up,] the therapist starts hitting the drum with the base of one of her sticks, creating deep sound on top of the wispy scraping. The beats are not regular, and she soon returns to scraping.

5[Power is quietly scraping one hand at a time, in a regular pattern now, and the therapist joins her, accentuating the beat by lifting her non-working hand higher off the drum each time, and twisting her body slightly to the movement.]6[Power begins to rock slightly, as she starts to emphasise her scraping too.]7[The surge-fade pattern is now even,] and as Power looks to her left before leaning down, the therapist scrapes one stick along the rope on her drum, going into the next circular scrape. It causes a quick three-beat phrase, which she then echoes herself, tapping the skin of the drum, as Power leans down.

The therapist begins to play a straighter scrape, so that it begins to sound like sawing wood, interspersing the sawing of one stick with a beat on the other. 8[Power sits back up, smiling,] with a shaker in one hand. 9[She leans back almost hesitantly, and stops scraping, | before shaking the shaker almost in time to the therapist's beating stick, but with an extra upbeat.]10[She stops playing a few beats later, as though losing the rhythm,] and the therapist slows her playing, nodding to invite Power back. 11[Power laughs briefly, nervously, | and plays a few slower basic beats on the shaker, | before scraping gentle circles on her drum again, with the stick in her other hand.]12[Her playing has a lazier feel to it,] and the therapist stops scraping, just playing quiet beats with the tip of her stick. She only plays three, before scraping one gentle circle. 13[She gives another hit as Power shakes the shaker once, and then begins a rhythm using beats, scrapes, and tapping the sticks together.] The rhythm sounds similar to beat-pause-three quick taps on the sticks-beat-pause-circular scrape. 14[The main beat is still quite clear, and Power continues to scrape monotonously, apart from playing the second beat with the therapist.]15[The pause that follows right after that is the only complete silence in the rhythm, | and the preceding beat becomes louder,] as Power lets her stick fall flat harder as they continue to play.]16[The flat feel of her playing seems to increase in energy as she uses it to further emphasise that one beat.]17[She giggles slightly, | keeping her focus between the therapist and the therapist's hands.]18[Her flat beat becomes sassier, as she lifts the back end of the stick up each time she hits with it. She still stops it

P2.1a: scrapes drum quietly with therapist  
P2.1b: rhythmically unstructured scraping  
P2.2: surging energy  
P2.3: loses focus  
P2.4: makes eye contact

P2.5: structures the rhythm, followed by therapist  
P2.6: increased physical expressiveness  
P2.7: structured rhythm

P2.8: expressed enjoyment  
P2.9a: stops tentatively  
P2.9b: extends therapist's rhythm  
P2.10: stops after losing rhythm  
P2.11a: laughs nervously  
P2.11b: plays shaker tentatively  
P2.11c: returns to scraping circles  
P2.12: relaxed involvement  
P2.13: shakes shaker once as therapist initiates new rhythm  
P2.14: partial perseveration  
P2.15a: brief rest  
P2.15b: crescendo  
P2.15c: increased physical expressiveness  
P2.16: increased energy  
P2.17a: expressed enjoyment  
P2.17b: focuses intently on therapist's playing  
P2.18: increased bright presence  
P2.19a: plays drum and shaker to play musical variation

from bouncing up, though, so the sound continues lands fairly flat.]19[After a few rounds, once the rhythm is steady, Power begins to add the shaker on that same beat. | The music is monotonous, but there is variation in the different sounds being used.]

20[Power stops using the shaker,] and right after that, the therapist changes her music, maintaining the rhythm to a great extent, but playing only by tapping the sticks. 21[This empties the music somewhat, | while Power continues as she did before, | smiling, | and maintaining eye contact with the therapist.] She adds the shaker once, and then the therapist begins to look at all the instruments on the floor, as though inviting Power to choose another. 22[Power giggles quietly | and leans down, coming back up with a drum stick.] The therapist, maintaining a basic beat on the drum, picks up an egg shaker, and begins to play it double-time, with more vigour. 23[As the basic beat is more constant now, without the scraping/tapping in between, | there is more energy in the music.]24[Power watches the therapist's hands for a few seconds,] before swapping the drum stick for the shorter clapping stick that matches the one in her other hand. The therapist smiles and tells her, "You can use whatever you want."

25[Power holds the sticks with her hands upturned, like a drummer in a marching band, and begins to play the double time beat, | first with her right then both hands.]26[She plays the main beats more confidently in the middle of the drum, | moving her hands back to play the second beats on the edge, although she sometimes does not make contact on these beats,]27[while still maintaining the bouncy movement. Her playing is less flat, as she bounces her sticks off the skin, creating a more vibrant sound, | while still maintaining fairly tight control over her movements, as her body is still straight and stiff, | while her arms move forwards and backwards.]28[She bites her bottom lip, and watches the therapist.]29[Power goes into a roll, which the therapist soon joins,] and then begins outward-circle scraping movements,] while the therapist scratches her drum continuously with her egg, so that it is also shaking quietly.

30[Power plays another longer roll, | with slightly more energy, | followed by scraping again.]31[When she plays a third role, it is more controlled, as a fast basic beat,] and the therapist begins to hit the egg onto the drum in half-time, which is still fast, 32[creating a surging sense in the music.]

33[The therapist follows Power's sudden stop with a beat,] before shaking the egg continuously, as 34[Power looks down at her drum, | and begins to scrape outwards circles again.] The therapist starts playing a four-beat rhythm, leaving the fourth beat as a rest, and elaborating with quavers on the second, while leaning down to swap the egg for a set of bells. 35[Power hits the first beat with the therapist, continuing to scrape on the other beats.] The therapist plays a basic beat for a few bars, and then goes back to the rhythm, holding the bells in her left hand so that they ring quietly in time to

P2.19b: partial perseveration

P2.20: decreased involvement

P2.21a: decreased energy

P2.21b: perseveration

P2.21c: smiles

P2.21d: makes eye contact

P2.22a: laughs nervously

P2.22b: picks up drumstick following therapist's non-verbal invitation

P2.23a: continuity

P2.23b: increased energy

P2.24: focuses intently on therapist's playing

P2.25a: plays double-time

P2.25b: increased physical involvement

P2.26a: increased confident involvement

P2.26b: increased physical expressiveness

P2.27a: bright presence

P2.27b: rigid involvement

P2.27c: partial physical expressiveness

P2.28: focuses intently on therapist

P2.29a: plays roll followed by therapist

P2.29b: confidently scrapes circles on drum

P2.30a: plays longer roll

P2.30b: increased energy

P2.30c: returns to scraping

P2.31: plays controlled roll

P2.32: surging energy

P2.33: sudden stop followed by therapist

P2.34a: looks down

P2.34b: returns to scraping circles

P2.35: accents therapist's rhythm, while scraping

P2.36a: continues to accent therapist's rhythm

P2.36b: focuses intently on own hands

her movements. 36[Power continues to scrape, only hitting on the first beats,| and biting her bottom lip, looking down at her own hands.]

37[She looks to the side and begins to add a roll on the first beats, hitting the seconds too, before returning to rolling.]38[Her playing is still stiff| but has grown dynamically, as she bounces the sticks higher off the drum.] The therapist maintains her rhythm in one hand, while leaning down to play quiet glissandos on the xylophone. Each glissando falls into one of the beats, and even with the variation, 39[the music continues to sound somewhat stiffly monotonous.]40[Power begins to elaborate on her rhythm, adding more quaver beats as upbeat, and the therapist moves the pianophone onto her lap, beginning to play a simple melody, while keeping the basic beat on the drum.]41[The melody walks slowly along an upward melodic contour, jumping up and down, before reaching the seventh note,| and coming down quickly in a straight scale to the bass note (C).]42[Power maintains her rhythm,| laughing briefly,| before simplifying| and speeding up her beat slightly.]43[She still sits straight and stiff,| and watches the therapist's hands carefully.]44[She begins to tap out the bouncy basic beat with one stick at different points on the drum's skin,| before attempting to play with both sticks,| losing the rhythm, and stopping.]

The therapist stops playing the beat, and just plays the pianophone rhythm, so that there are more rests in the music. As she gets to the first beat of the next bar, she plays the first beat and waits on the rest, holding her body completely still and making eye contact with Power. 45[Power's body also seems to become even stiller,| and she returns the eye contact,| deciding to fill the therapist's rest with a single beat.]46[The same happens the next time, and continues for the next few rounds.] The exchange has a playful quality to it, as the bounciness in the music, along with the anticipatory silences, are juxtaposed against the pair's stillness.] After two bars, the therapist alters the end of her melody, moving upwards and cadencing at the top of the instrument. 47[Power still plays a beat afterwards,| so the therapist begins to hit her drum, putting the pianophone down. | The two go into a quick basic beat.]48[The therapist also puts her stick down and begins playing with her hands, elaborating on the beat slightly, adding upbeat, while Power maintains the basic beat.]

49[As Power looks down to her left, the therapist begins to increase the tempo and dynamics, so that Power looks back at her and begins to follow,| her movements becoming bigger,| while still remaining fairly controlled.]50[The speed increases quickly so that they soon fall into a roll,| and this time, although Power's body is still stiff,| her roll is not measured, but flows more freely.]51[The therapist suddenly lifts her right hand, followed by Power,| who does not raise her hand quite as high.]52[The therapist then brings it down, but

P2.37: elaborates her accent of the therapist's rhythm  
P2.38a: rigid involvement  
P2.38b: increased bright presence  
P2.39: musically monotonous  
P2.40: elaborates her rhythm while therapist supports with basic beat  
P2.41a: plays jumping melodic contour  
P2.41b: plays quick descending scale  
P2.42a: maintains rhythm  
P2.42b: expressed enjoyment  
P2.42c: simplifies rhythm  
P2.42d: plays faster  
P2.43a: rigid involvement  
P2.43b: focuses intently on therapist's hands  
P2.44a: bright presence  
P2.44b: increased physical expressiveness  
P2.44c: stops after losing rhythm

P2.45a: reduced physical expressiveness following therapist  
P2.45b: returns therapist's eye contact  
P2.45c: plays in therapist's rests  
P2.46a: continuity of turn-taking  
P2.46b: playful turn-taking  
P2.47a: maintains rhythm as therapist plays variation  
P2.47b: joint quick basic beat  
P2.48: maintains rhythm as therapist plays variation

P2.49a: follows therapist's increased energy after losing focus  
P2.49b: increased physical expressiveness  
P2.49c: partially rigid involvement  
P2.50a: accelerando into joint roll

Power does not follow, | twisting instead to hit the final beat just after the therapist on the cymbal, | before giggling.]

P2.50b: partially rigid involvements  
 P2.50c: plays unmeasured roll, following rigid involvement  
 P2.51a: follows therapist in sudden stop  
 P2.51b: partial physical expressiveness  
 P2.52a: does not follow therapist in final beat  
 P2.52b: twists to cadence humorously on cymbal after therapist  
 P2.52c: expressed enjoyment

**Power – thick description (P3)**

1[Hit me like a ray of sun  
 burning through my darkest night]  
 2[I may fall, | but I will rise again  
 'cause I am victorious]

P3.1: uses song-writing to express external source of light  
 P3.2a: uses song-writing to acknowledge weakness  
 P3.2b: uses song-writing to express personal victory

3[Zonk'intaba ziwela kum *[every mountain is crumbling on me]*  
 macala onke *[from all sides]*  
 Zonk'intaba ziwela kum | *[every mountain is crumbling on me]*  
 kuyadizela] *(x2) [it is chaos]*

P3.3a: uses song-writing to express mountains falling on her  
 P3.3b: uses song-writing to express chaos

4[Vuleka, vulek' amazulu] *(x3) [the heavens open up]*  
 'Cause I am victorious]

P3.4a: uses song-writing to express the heavens opening  
 P3.4b: uses song-writing to express personal victory

5[I am lovely  
 I am strong  
 I am happy  
 I am special  
 I am curious  
 I am proud]

P3.5: uses song-writing to express that she is lovely, strong, happy, special, curious, and proud

6[Power sits straight and still, leaning against the back of her chair. | She is looking to the right, smiling broadly, | and holding a shaker in her lap, as the therapist begins to strum in a moderate tempo and sway from side to side. 7[When the therapist looks up at Power, she begins to shake her shaker loudly and in time, | and the two start singing together.]8[Their words are clear | and they move between making eye contact and looking at their instruments.]

P3.6a: sits straight and still  
 P3.6b: smiles broadly  
 P3.7a: shakes shaker loudly as therapist looks at her  
 P3.7b: being singing together  
 P3.8a: sings clearly  
 P3.8b: alternate looking at instruments and each other

9[Power tilts her head to the side in a lazy manner, | her voice clear but softer than the therapist's, | and the music feels stable and constant, with no elemental variation.]10[Power looks down to the

P3.9a: relaxed involvement  
 P3.9b: uses a clear, soft voice  
 P3.9c: musically stable  
 P3.10a: reads lyrics

right at the lyrics that are resting on the little drum,] while the therapist still looks between Power and her own instrument.  
 11[Although Power shakes loudly, and sings along, there is still no movement in her body, | and her energy seems somewhat flat, | as she concentrates on the lyrics.] At the end of the first verse, the therapist quickly says, “Can we sing that again?” before going back to the beginning of the song. 12[Power giggles and sings along.]13[They sing the verse again, in much the same way as before, with no variation,| Power still looking at the lyrics.]

14[As they go into the bridge, the chords change, creating a lifting feel in the music.]15[Power looks at the therapist,] who begins to only strum strong downbeats, emphasising the rhythm. 16[The two maintain eye contact, smiling slightly at each other.]17[Power skips a couple of beats, before returning to the same basic pattern of shaking, which now matches the therapist’s simplified strumming.]18[She then looks away to the right again, but does look up a few times during the bridge, smiling at the therapist.]

19[On the chorus, there is no change in the music apart from the change in the chord pattern, which again creates a lift. However, the energy of client and therapist remains the same, and somewhat flat.]20[Power does look up at the therapist again, and the two smile at each other, before she looks away.] On the hook, the therapist empties her playing, only strumming every 4<sup>th</sup> beat, raising her eyebrows to Power. 21[Power looks at her and stops playing, | before joining in on the same beats as the therapist, | playing less energetically with slower hand movements,| and smiling.]22[Her shaking becomes a little stronger,] and then the second time they sing “I am...”, the therapist stops singing, tilting her head and raising her eyebrows more questioningly. 23[Power leans over her lap, giggling, before coming up and sighing the end of her laugh.]

The therapist whispers, “Which one?” looking down at the page.  
 24[Power looks at the lyrics, smiling and tilting the shaker towards her chin, so that it rattles slightly.]25[The therapist leans towards her, tilting her head, and plays a slow strum, before Power laughs again, and quietly says, “Lovely?”| as she sits up straight from looking closer at the lyrics.]26[Immediately, the therapist sings lovely, strumming a fuller rhythm again, as Power joins in energetically on the shaker, playing each beat.] The next one, the therapist fills in, singing “strong”. 27[Power gives a bubbly giggle, looking at the therapist,] who nods her head from side to side, smiling. They then sing the words in the order they are written, 28[the music surging as the pair play more energetically with fuller rhythms.] After singing ‘happy’, the therapist adapts the emphasis of her rhythm slightly, maintaining the same pattern, but stopping the strings on certain beats, creating a jazzier, jagged feel. She mirrors this in her voice, holding notes for shorter periods of time, and tapping her foot to further accentuate the new emphasis.  
 29[Power’s shoulder dances back and forth slightly, in time to the

P3.11a: partial physical expressiveness  
 P3.11b: flat energy  
 P3.11c: focuses intently on lyrics  
 P3.12: expressed enjoyment  
 P3.13a: repeat verse with no variation  
 P3.13b: focuses intently on lyrics

P3.14: increased energy  
 P3.15: makes eye contact  
 P3.16: smile at each other  
 P3.17: matches therapist’s rhythm after brief stop  
 P3.18: alternates between looking away and smiling at therapist

P3.19: flat energy  
 P3.20: smiles briefly at therapist before looking away  
 P3.21a: stops after making eye contact  
 P3.21b: follows therapist’s rhythm  
 P3.21c: decreased energy  
 P3.21d: expressed enjoyment  
 P3.22: shakes louder  
 P3.23: laughs nervously at therapist’s non-verbal invitation

P3.24: focuses intently on lyrics  
 P3.25a: tentatively chooses to sing ‘I am lovely’ following therapist’s invitation  
 P3.25b: confidently sits up straight  
 P3.26: energetically joins therapist, singing and playing ‘lovely’  
 P3.27: laughs brightly in response to therapist’s choice to sing ‘I am strong’  
 P3.28: surging energy  
 P3.29: increased physical expressiveness  
 P3.30: giggles nervously when singing that she is special

basic beat she plays on the shaker.]30[As they sing 'special', Power giggles again.]

31[Her energy remains the same as they go back into the chorus,| and she looks briefly at the therapist,] who maintains the bouncier quality in her music, although she stops tapping her leg. 32[Power begins to look around the room, smiling at the balloons on the ceiling.]33[As they come to the hook again, they both play the downbeat and stop until the fourth beat. This time, they do this together, with a stronger sense of cohesion | and determination in the strong downbeat.]34[Power also plays an upbeat before they repeat the phrase,] while the therapist plays a shorter one just before the downbeat.

35[They then go into repeating 'victorious' to the chorus chords. | The music is sustained and determined, as they continue to play the emptier basic beat, | with slight anticipatory suspensions on the 'vic's.]. The therapist begins to sway from side to side, building the energy slightly on the underlying basic beat, even though it is not audible, 36[while Power continues to lift her shaker higher than before, | playing determined beats.] The music begins to fade away as the therapist stops swaying. Power stops shaking, 37[and seems to lose concentration.] She snorts, and the therapist lifts her hand, suspending the next strum and raising her eyes to Power. 38[Power grins and laughs, leaning over and coming back up | as she says, "Special."]

The therapist starts singing this, maintaining the energy, 39[while Power starts shaking slowly again, | smiling and singing along.]40[She quietly says, "Strong," before the therapist asks for the next one.] The therapist begins to play double-time on 'strong', which is still quite slow, stopping the second beat loudly each time, emphasising the rhythm. This seems to accentuate the idea of strength in the lyrics. 41[As Power makes eye contact again, | her voice surges a little, | and the therapist goes back into her original fuller strumming pattern, followed by Power, who begins to play a quick basic beat again.]

As they come to the next phrase, the therapist hums uncertainly, with a slightly strained timbre, raising her eyebrows to Power, 42[who quickly and quietly says, "Proud," | before losing her beat briefly and picking it back up.]43[She grins, | tilting her head up and rotating it slightly, | before starting to sing along with the therapist again.]44[The music is bouncier, with sharper beats on the guitar, and crisper shaking on Power's part.]45[Power picks the next word, choosing 'curious', | and they begin to go through them faster, | the music becoming driving, | as Power quickly chooses the word and the therapist sings it.]

P3.31a: maintains energy  
P3.31b: looks briefly at therapist  
P3.32: smiles at balloons on ceiling  
P3.33a: joint suspension  
P3.33b: plays with determined confidence  
P3.34: adds upbeat to repeated phrase

P3.35a: joint extension of song to repeat 'victorious'  
P3.35b: sustained determined playing  
P3.35c: short suspensions on first syllable  
P3.36a: increased physical expressiveness  
P3.36b: plays with determined confidence  
P3.37: loses focus  
P3.38a: laughs nervously  
P3.38b: chooses to sing 'I am special'

P3.39a: tentatively begins shaking again  
P3.39b: sings with therapist  
P3.40: chooses to sing 'I am strong' without prompting  
P3.41a: makes eye contact  
P3.41b: vocal surge  
P3.41c: plays quick basic beat, to therapist's rhythm

P3.42a: chooses to sing 'I am proud'  
P3.42b: loses beat briefly before re-engaging  
P3.43a: expressed enjoyment  
P3.43b: increased animated expressiveness  
P3.43c: sings, following therapist  
P3.44: bright presence  
P3.45a: chooses to sing 'I am curious'  
P3.45b: accelerando  
P3.45c: joint driving energy  
P3.45d: chooses words for therapist to sing

46[When Power misses a word, she giggles, tilting her head to the left and bringing it back up] as the therapist sways her head and starts singing on 'la'. 47[Power mirrors her swaying gently, moving her upper body in time,] and the therapist takes the music back to the chorus. The therapist continues to sway, 48[and Power stops,| but she is shaking harder than before,| so that her shaking arm is causing a forward rocking motion in her whole upper body.]49[As the therapist deepens her swaying, Power begins to mirror it | slightly stiffly again.]50[She looks around the room as they play,] while the therapist keeps her focus more contained between her instruments and Power.

51[Again, when they reach the hook, they play the strong downbeat together, | before emptying the rhythm as before, the energy subsiding into a more concentrated focus,| client and therapist becoming still.]52[They look at each other, smiling| and repeating the last line again, | Power singing very quietly, before she stops shaking, | and the therapist holds the penultimate note in suspension in her voice, ending with Power,] before playing a final strum on the tonic.

P3.46: laughs nervously as she misses a word  
P3.47: gently mirrors therapist's swaying  
P3.48a: stops swaying  
P3.48b: shakes shaker vigorously  
P3.48c: increased physical expressiveness  
P3.49a: mirrors therapist's emphasised swaying  
P3.49b: partially rigid involvement  
P3.50: looks around the room while playing  
P3.51a: joint strong playing  
P3.51b: decreased energy  
P3.51c: joint stillness  
P3.52a: smile at each other  
P3.52b: joint repetition of last line  
P3.52c: sings softly  
P3.52d: joint ending after therapist's suspension

## Coded session notes

### Ann session 1 (AN1)

1[Ann presented as quite distant, and somewhat closed. She did not seem to want to be in the session, and did not engage much with the instruments.]2[Ann did sing a little, though, and seemed to enjoy drawing,| working meticulously, and showing a sense of ownership of her work,| using only a pencil, which she could erase, in order to produce work exactly how she wanted it.]3[However, she did not want to talk about her drawings afterwards, especially the one with the two female figures.]4[Additionally, she expressed a desire| to dance next week,| so it seems she connects with drawing, singing, and dancing,| while her instrumental engagement seemed to better match the cautiousness of her interactions.]

5[Ann displayed a flat affect throughout most of the session, with few changes in her facial expressions. Additionally, she spoke in a quiet and monotonous voice,| and seemed quite tense (sharps breaths, sitting very straight, tightness in neck muscles).| This flatness may have transferred to her drawing in that she did not want to use colour,| and in the drum improvisation, she engaged in a perseverative rhythmic pattern,| but was also able to copy simple rhythms I provided.]6[It was difficult to connect with her otherwise, and she showed little awareness of my musical presence, except during copying sections.]

I experienced countertransference, in that I also appeared somewhat flat, following our initial interaction, matching her energy too closely, and not providing enough opportunities to move away from that. This is something I will be more aware of in future sessions.

7[This was a new situation for Ann, and this is likely to have affected her presentation and the distance she seemed to keep,| as well as her difficulty in improvising.]8[Her perseverative rhythm seemed like one she has learnt before,| as she went very quickly and confidently into it, even though it was quite complex, and I had difficulty playing it during the copying section.]9[She also seems to have somewhat of a 'perfectionist' nature; her drawings were altered many times before they were good enough for her. They also took her quite a while to draw.]

10[From her responses, I speculate that this first session was a little too intense for her,| and that she might respond better to more light-hearted and fun activities, involving what she has already shown interest in, such as drawing, dancing, and singing.] Additionally, although I tried not to put her too much on the spot, it may have come across as putting her on the spot, so I will try to avoid that next time and be more containing.

AN1.1: cautious distancing  
AN1.2a: tentative enjoyment  
AN1.2b: ownership of her work  
AN1.2c: perfectionist quality  
AN1.3: cautious  
AN1.4a: actively directing  
AN1.4b: requests dancing  
AN1.4c: enjoys expressive arts  
AN1.4d: cautious in instrumental interactions

AN1.5a: flat affect  
AN1.5b: embodied tension  
AN1.5c: creates colourless drawings  
AN1.5d: instrumental perseverance  
AN1.5e: able to copy therapist's playing  
AN1.6: cautious distancing

AN1.7a: cautious in unfamiliar situation  
AN1.7b: tentative musical involvement  
AN1.8a: initiating own repetitive material  
AN1.8b: confidence in own material  
AN1.9: perfectionist quality

AN1.10a: cautious in unfamiliar situation  
AN1.10b: enjoys expressive arts

## Ann session 2 (AN2)

1[Ann's presentation in this session stood in contrast to her presentation last week. Relationally, there seemed to be a better connection between us,| and she opened up quite a lot about her mother abandoning her, and how she felt about that.]2[This was unexpected, considering her distance last week, and it seemed that she may have some trouble with self-regulation, regarding connecting with others. In this case, what she said seemed almost like over-sharing after her initial guardedness.]3[Additionally, after her initial sharing, she did not want to engage further on the topic, and seemed to 'shut down'.] I found it quite difficult to navigate this situation, trying to provide acknowledgement and support, while aware that she quickly pulled away after sharing.

4[Something that was interesting about this conversation was that she did acknowledge the loss of her mother as an important factor in her identity development.| After I explained what identity is, and the different ways it is affected and formed, I asked if she can think of something that has influenced her identity development, and she asked, "Like, your mom lost you?"

5[I just responded positively, and she told me a little of her story, starting with her mom having 'lost' her when she was four or five.]6[When I asked her how she felt about her mom, she told me she felt ashamed because she had lost her.]7[It was after this that she shut down. She did not want to talk further or explore her feelings in a different way,] and I did not want to push her, especially because we are still developing trust in the relationship.

8[Prior to this discussion about her mother, we also wrote a chorus based on lines from other songs she enjoyed|:

Standing in the light of your halo, I got my angel now  
the light is shining brighter  
I may fall, but I will rise again  
Kodwa ndinethamsanqa [but, I am lucky]

Ann showed autonomy in deciding how the song should sound, asking me to play the guitar,| and correcting me when she did not like my suggestions.| We worked on the melody together, until she approved it.| Again, when I suggested a change to the melody that she did not like, she disagreed with me,| retaining a slightly monotonous feel, as the first three lines have very similar melodies.]9[Afterwards, she told me that the process had made her 'happy' and she would like to possibly write more songs in the future.]

AN2.1a: increased interaction  
AN2.1b: disclosure of abandonment and associated feelings  
AN2.2: cautious guardedness followed by sudden disclosure  
AN2.3: sudden return to cautiousness

AN2.4a: recognises abandonment has shaped her identity  
AN2.4b: terms abandonment as having been 'lost' by mother

AN2.5: disclosure of being lost by her mother  
AN2.6: ashamed of having been lost  
AN2.7a: sudden return to cautiousness

AN2.8a: uses lyric analysis and song-writing to express current feelings  
AN2.8b: song-writing expresses feelings of safety and hope  
AN2.8c: autonomous involvement in song-writing  
AN2.8d: expresses disagreement  
AN2.8e: agreement following mutual negotiation  
AN2.8f: expresses disagreement  
AN2.8g: prefers monotonous melodic range  
AN2.9: expressed enjoyment of song-writing

**Ann session 3 (AN3)**

1[This was quite a heavy session. After I referenced Ann’s original drawing, she told me a little about her previous home, before crying] for most of the session.] I had asked open questions, following her openness last week, 2[but it seemed it was too much for her, and again, she seemed to show a juxtaposition between wanting to connect, and cutting herself off.]3[After her initial responses, she sat crying quietly.]

Although this space was difficult, it did not seem awkward. I sat with her, sometimes humming, sometimes gently plucking the guitar. 4[I tried to attune to her breathing, but she sat so still, I could not actually see her body moving at all.] I also played some gentle pre-recorded music, and encouraged her to think of a safe, nurturing space, while sometimes leaving the space completely silent.

5[After a while, I did try to engage her by softly singing the first song she wrote, and inviting her to sing along, but she did not.] I did not push her into anything, and she also did not seem to know what she needed at that point. Therefore, I just tried to create as nurturing a space as I could. 6[Although she did not want to engage, she did not seem to want to leave either at the end, and continued to sit in her chair until I offered her a hug, which she was quick to accept.]7[She seems like quite a tense person, and presents with mostly a flat affect, and small range of facial expressions.] It may be that she just needed to cry, and have her crying witnessed and acknowledged.]

8[The idea of home is clearly very important to her, and seems to hold sadness.]9[Although she said that neither woman in the picture was her, it still did show a bigger and smaller woman walking together near ‘home’, which may represent a mother-daughter relationship, which she has spoken of before.

I am concerned about how 10[she shares information and then shuts down,] especially because this means that although I might take direction from her, relating more directly to her, she could easily revert to a ‘closed’ state, and feel as though I am overstepping a boundary, and this could affect our alliance and undermine trust. On the other hand, if she does share, it seems important that that be acknowledged and space provided for exploration if she wants it in future.

**Ann session 4 (AN4)**

1[Ann presented as distant again today. She continued to show difficulties with wanting to connect, but cutting herself off.]2[These

AN3.1a: importance of previous home  
AN3.1b: expresses sadness remembering home  
AN3.1c: extended period of crying  
AN3.2: fluctuating between disclosure and caution  
AN3.3: gentle crying

AN3.4: remains still while crying

AN3.5: unresponsive to therapist’s invitation  
AN3.6a: resists ending  
AN3.6b: seeks connection  
AN3.7a: embodied tension  
AN3.7b: flat affect  
AN3.7c: used the space to cry about home

AN3.8a: importance of previous home  
AN3.8b: expresses sadness remembering home  
AN3.9: uses older and younger female figures to represent home

AN3.10: fluctuating between disclosure and caution

AN4.1: fluctuating between disclosure and caution

seemed more generalised today, as she also showed difficulties connecting with herself. When I asked her to draw a picture of herself, she drew a very small image in the middle of the page, and only then told me she was incapable of drawing herself. I asked who was in the picture and she did not respond, and looked as though she might cry.]3[Shortly after, she did say it was her, but still did not seem convinced. I asked what it might need to seem more like her, but she could not answer.]

4[This allowed us to begin working more symbolically, and I asked her which colour is her colour. She chose blue (as she has before), and I gave her all the different blues to work with. I asked her to surround her picture with blue, as she wanted to, and she did so, colouring herself in, putting a box around her, and adding blue hearts and stars.]5[We did the same thing, using colours to represent the ideas of strength and peace, and she surrounded herself with those too.]6[This was the first time she has managed to work symbolically in a way that made sense to her, and it allowed her to more easily represent herself in safety, without having to connect too closely with the subject, which she seemed she could not do, having said she could not draw herself.] Such work might help to encourage a better connection with herself.

7[We also got themes for a new song, still looking at safety, peace, and feeling good, and Ann said that her current home is safety; the house and its people.]8[When asked what colour she could think of to represent it, she chose white, saying that white is peace; this related to 'light' in her lyrics. Additionally, she said that she finds strength in people making her laugh, and this makes her feel good, along with playing with her friends.]

The use of symbolism in this session seems to show a change in the depth of Ann's interaction. 9[Although she still disconnected frequently, she did speak more than usual, through symbolism,] which could continue to help her explore her emotions and experiences in a less confrontational manner.

**Ann session 5 (AN5)**

It is still difficult to connect with Ann. 1[She continues to present mostly with a flat affect,] although there are now brief moments of laughter too.]2[Today, she did not connect easily, and although she did respond simply to me, she was quite passive,] and did not take

AN4.2a: difficulty representing self  
 AN4.2b: distanced from representation of self  
 AN4.2c: sad response to small representation of self  
 AN4.3a: tentative recognition of representation of self  
 AN4.3b: cannot identify what might better represent her

AN4.4a: engages symbolically with colour  
 AN4.4b: symbolises self with the colour blue  
 AN4.4c: more easily represents self through colour symbolism  
 AN4.5: symbolically surrounds self with strength and peace  
 AN4.6a: symbolism as a new experience  
 AN4.6b: more confident representation of self through symbolism

AN4.7a: uses song-writing to express feelings of peace and safety  
 AN4.7b: uses song-writing to represent current home as safe  
 AN4.8a: uses lyrics and colour symbolism to represent peace of current home  
 AN4.8b: uses song-writing to express how she finds strength in laughter  
 AN4.8c: uses song-writing to express importance of peer support

AN4.9a: increased verbal interaction using symbolism

AN5.1a: flat affect  
 AN5.1b: momentary expressions of enjoyment  
 AN5.2a: passive involvement

as active a role in the song-writing process, as she did the first time we did it.]3[Additionally, when she did take a more active stance (for example, telling me she did not like a part of the song), she could not engage with her decisions, or clarify, even briefly, how I could better provide her expectations.]4[In these cases, she would simply go back on her decision.] I felt frustrated, as I wanted to encourage 5[her active participation, but she would very quickly revert to passivity.]6[While I am sure the language barrier does affect the way she interacts with me, she does seem to understand and speak enough English that she could engage more with me.] It may also show the disconnection with herself that came through in the last session, and possibly because 7[this song is in the first person and is based on things she said last week relating to strength and safety in daily life], it might be more difficult to engage with the material.

8[I tried to involve more symbolic work, as we did last week, as this may also assist with language differences, but this sort of work has to be explained, and while she understood last week, it did not seem like she understood this week.]9[Regardless of this, she does seem to continue to use the colours blue and yellow when representing the positive.]

10[The song we wrote was based on what she told me last week about what makes her feel safe, strong, and happy.]11[As mentioned, she did not actively engage too much during the writing process, mostly agreeing with my ideas but not providing any of her own.]12[However, when singing through the song, although she seemed distant, she did sing along quietly,| as well as engaged on a number of different instruments, representing different aspects of the song.]13[She seemed to particularly enjoy the drum.]

14[With regard to her connecting/disconnecting,| what was interesting was that she quietly took a piece of clay with her when she left.]15[I had offered the sun she had made to her, but she refused it, before taking another piece with her when I was not looking.] She has not taken anything before, and this may have served as a transitional object, representing her 16[desire to connect, which does come through briefly in sessions, before she shuts down again.]

### Ann session 6 (AN6)

For our improvisation today, I arranged the chairs back to back. 1[Previously, facing each other, Ann has not looked up,| she has been quite perseverative,| and we have not had much connection.] I decided to try it like this so that there is less of a confrontational aspect.

AN5.2b: reduced confident expression of autonomy in song-writing  
 AN5.3a: lack of confidence in expression of disagreement  
 AN5.4: lack of confidence in expression of disagreement  
 AN5.5: fluctuating between active and passive involvement  
 AN5.6: language barrier partially affects interactions  
 AN5.7: uses song-writing to express experiences of safety and strength in daily life

AN5.8: has difficulties with symbolism  
 AN5.9: symbolises positive aspects with blue and yellow

AN5.10: uses song-writing to express experiences of safety and strength in daily life  
 AN5.11: reduced confident expression of autonomy in song-writing  
 AN5.12a: tentative involvement  
 AN5.12b: uses instruments to symbolise aspects of safety, strength, and friendship  
 AN5.13: enjoys drum

AN5.14a: fluctuating between connection and caution  
 AN5.14b: secretly takes clay from session  
 AN5.15: rejects therapist's offer of clay  
 AN5.16b: fluctuating between connection and caution

AN6.1a: avoiding eye contact in improvisation  
 AN6.1b: perseveration  
 AN6.1c: cautious distancing

This made it difficult at times to recognise her energy, as I could not see her, 2[but what it did assist with was creativity.]3[While there were sections of perseveration (using her characteristic beat),| there was a lot more variation in her choice of instrument and way of playing.]4[She explored a number of instruments,| and also tried to look at me out the corner of her eye a few times.]5[Additionally, although most of her music seemed self-directed,| there were times when she copied me, or gave me space to echo her.]6[The energy was still a little flat,| but facing away from each other, she seemed more comfortable to explore.]

I did feel some contest when I tried to join her in her characteristic beat. 7[I highlighted the main beats, but in her playing they were not always at regular intervals,] so that sometimes I missed them. 8[Her playing became more driving,| and I felt as though my music was being overridden.] At the time, I became frustrated, and wondered if she was annoyed with me for not getting it right. The countertransference I felt, feeling frustrated and annoyed, at times even angry, may have reflected her possible frustration at not being contained. Her history contains instances of not being contained, and by not playing her rhythm correctly, I may have displayed the inability to hold her adequately. 9[If this is the case, in this space, she was able to respond by driving me, and taking control of the situation.] This was then a difficult aspect of being back to back, as I could have showed her I was holding and containing more through posture and facial expressions, even if my rhythm was not exact. 10[I did begin to play more assertively after that, and Ann changed her beat slightly,| so that we were playing interlocking rhythms.]11[There was then more cohesion between us.]

12[Ann also engaged more with symbolic thinking, after last week when she found it difficult.] I asked her to make a clay representation of her and her mother. 13[She is a blue pizza (blue is her colour) with pink dots (she told me she likes pizza),| and her mother is a red snowman (she said her mother liked snow).]14[I asked her how it changed her when her mother lost her, and she told me that she thought her grandmother was her mother,| and she only found out later that her birth mother lost her around age 4,| making her unhappy.]15[I asked if she could alter the pizza to show how it made her feel, and she took the toppings off, rolling them into a strip.| She turned the blue base into a heart and used the strip to create a jagged line down the middle, showing a broken heart.]16[We spoke a little more and I asked what she needs to find comfort, which she answered by telling me her friends are important to her.]17[She then created a green ball to represent her friends (they often play ball together),| and put it next to the heart.]

AN6.2: increased creativity sitting back-to-back  
 AN6.3a: perseveration  
 AN6.3b: increased variation in instrumental use  
 AN6.4a: increased exploration of instruments  
 AN6.4b: interest in therapist's contribution  
 AN6.5a: self-directed playing  
 AN6.5b: increased two-way musical interactions  
 AN6.6a: flat energy  
 AN6.6b: increased musical exploration

AN6.7: plays main beats at irregular intervals  
 AN6.8a: drives the music  
 AN6.8b: musically overpowers therapist  
 AN6.9: uses back-to-back improvisation to exert more control  
 AN6.10a: driving followed by adaptation to therapist's beat  
 AN6.10b: co-created rhythm  
 AN6.11: increased cohesion

AN6.12: increased ability to use clay symbolism  
 AN6.13a: symbolises self as blue pizza  
 AN6.13b: symbolises mother as a red snowman  
 AN6.14a: disclosure of thinking her grandmother was her mother  
 AN6.14b: disclosure of later discovering her birthmother lost her  
 AN6.14c: expresses sadness at being lost by birthmother  
 AN6.15a: transforms clay to express feelings around being lost  
 AN6.15b: creates broken heart to symbolise sadness of being lost  
 AN6.16: finds comfort in friends

I was surprised by her ability to work so easily with symbols this week, as compared to last week, as well as by her openness when talking about them. 18[She is usually quite closed, but today, Ann opened up more,| and did not shut down as quickly as before,| showing an increased ability to engage in longer two-way interactions regarding personal matters.]

### **Ann session 7 (AN7)**

In this session, I decided to briefly mention that I know that something bad happened to her when she was younger (using the language modelled by the director at the start of the process). I knew we only had two sessions left, and she knew why I was working there, and I did not want her to think I was avoiding the topic; nor did I want to push her into talking about it. I just wanted to acknowledge it, reinforce that it was not her fault, and offer her the option of being referred to a social worker for counselling after our process was finished, if she decided she wanted to talk to someone. 1[Before this conversation, she was dancing, smiling a lot (she often smiles when dancing), and seemed fairly open;| but as I spoke, she became more and more still,| and then seemed to shut down, just nodding.] However, I do think it was important to acknowledge it, especially because she knew that is why I am there. Additionally, she now has another resource if she decides to see a social worker.

2[Ann did engage symbolically later in the session, and was again able to represent herself,| this time as a red flower.]3[She was able to tell me that her friends sometimes say she is beautiful like a red flower,| and that is how she feels about herself.]4[Compared to the beginning of our process, when she could not talk about herself or draw herself, these last few sessions, working more symbolically, seem to have afforded her the space to experience herself a bit more,| and she is vocalising positive attributes of herself, in the first person.]5[She does seem to place a lot of value on physical appearance,] and while it is important to have a good body image, if I was working with her longer, I might look at the effects of CSA on sexuality.

AN6.17a: symbolises friends as a green ball  
AN6.17b: puts symbol of comfort next to symbol of sadness

AN6.18a: increased disclosure  
AN6.18b: reduced caution  
AN6.18c: increased verbal interaction

AN7.1a: expresses enjoyment when dancing  
AN7.1b: becomes still when therapist acknowledges client's experience  
AN7.1c: flat acknowledgement of therapist's reference to her experience

AN7.2a: increased ability to symbolise herself in different ways  
AN7.2b: uses drawing to symbolise self as a red flower  
AN7.3a: discusses how her friends compare her beauty to a red flower  
AN7.3b: sees herself as a beautiful red flower  
AN7.4a: increased ability to talk about and represent self through symbolism  
AN7.4b: increased ability to use positive self-statements  
AN7.5: importance of physical appearance

## Ann session 8 (AN8)

1[In our last session, Ann was able to draw a picture of herself. It was still small, but it was a human form, not a representation,] and she did not express any inability or displeasure.]2[In the following section, Ann identified 3 things people say about her, and 3 she thinks of herself.] Only one was negative (others say I am an ugly girl),] while the others revolved around beauty, happiness, and being bright.]

3[Her favourite line was 'I am glad about myself',] so we did an improvisation based on the feelings surrounding that line, and the 'ugly girl' line.]4[She played in quite a quiet and absent-minded way, not creating a clear beat, but this did seem like a clear representation of sadness.]5[Later, I asked about anger as we played. Her sounds were slow and grinding.] I noted this to her, and she nodded; this is what her anger feels like.]6[I asked if it could ever come out instead of grinding inside, but she shook her head.]7[She does not want it to come out; it is better if it stays inside.] Ann did not answer when I asked why it could not come out,] and after a while, I did ask a leading question (bearing in mind that she likes others to see her as beautiful, and does not like them thinking of her as an ugly girl). 8[I asked if she was afraid that people would not like her, and she nodded.] I do not know if this is reliable, as it was a leading question, but she had been clear up until that point, and it is possible, drawing from context. 9[She did not even want to overtly express her anger towards those who are mean to her symbolically.]

10[As we moved into the 'happy' section of the improvisation, I asked what it means to be glad about herself, she quietly said 'It means everything'. Ann has not used hyperbola before, so this line seemed significant, acknowledging that one of the most important things to her is that she be glad about herself.]11[From the way she has come to talk about and represent herself, it seems that she may be expressing more positive regard for herself than she did earlier in the process.]12[Ann showed more grounding] and connecting in this improvisation.] Although she did engage somewhat perseveratively on her characteristic rhythm, she also played a variation on it (among other rhythms),] showing some development of her theme.]13[This interaction was longer than many of our others,] and Ann did acknowledge my contributions at times,] as well as showed more continuity in her playing.]14[She also explored

AN8.1a: able to draw a more realistic representation of self  
AN8.1b: increased confidence in representing self  
AN8.2a: identified own/other descriptions of self  
AN8.2b: disclosed that sometimes others say she is an 'ugly girl'  
AN8.2c: own/other descriptions of self as beautiful, happy, and bright

AN8.3a: enjoys feeling glad about herself  
AN8.3b: used improvisation to express negative and positive emotions  
AN8.4: represents sadness with quiet uncertainty  
AN8.5a: represents anger as slow and grinding  
AN8.5b: agrees that her anger feels like it is grinding  
AN8.6: declines therapist's invitation to express anger differently  
AN8.7a: prefers to contain anger  
AN8.7b: does not engage regarding preference to contain anger  
AN8.8: acknowledges fear of being disliked for expressing anger  
AN8.9: resists expressing anger differently

AN8.10: significance of feeling good about herself  
AN8.11: increased ability to express positive self-regard  
AN8.12a: increased musical stability  
AN8.12b: increased musical interaction  
AN8.12c: decreased perseveration  
AN8.12d: extends her characteristic rhythmic theme  
AN8.13a: ability to engage in longer improvisations  
AN8.13b: increased two-way musical interactions

different ways of playing, using her fists and backs of hands too. | We also engaged in spontaneous turn-taking, which further showed Ann's recognition of my contributions, setting up more two-way interactions.]

15[In our verbal interactions after this, however, Ann did seem to disconnect slightly, and did not speak much.]16[The lines she chose to put in her box as positive reminders were: beautiful, laugh, strong, bright girl; | while the things she wanted to let go of were: ugly girl, and judging [being judged].]

The process with Ann has been a slow one, 17[and although it seemed that we continued to build trust, Ann often became shut off and passive.]18[However, musical and verbal interactions did seem to become more stable over time, | and there were positive changes in the way Ann represented, and spoke about herself.]

AN8.13c: increased musical continuity  
AN8.14a: increased musical creativity  
AN8.14b: increased two-way musical interactions

AN8.15: caution in verbal interaction  
AN8.16a: recorded positive self-statements of beauty, joy, strength, and intelligence  
AN8.16b: expressed desire to release negative labels of judgement and being called ugly

AN8.17: fluctuating between connection and caution  
AN8.18a: increased interactional stability  
AN8.18b: increase in positive expressions of self

### Gabby session 1 (GN1)

1[Gabby presented as shy, but friendly. She smiled a lot,] but also covered her mouth at times, and appeared nervous, so that her smiling seemed more like a physiological response to nervousness.]2[However, she did appear fairly 'happy'.]3[She was musical,] but somewhat stunted. Her playing did not have a lot of flow, even though it sounds as though she is capable of playing with more continuity.]4[She did use some voice, but did not seem very confident vocally.] Her voice sounded quite child-like.]

5[Gabby could follow basic rhythms,] but did not seem able/willing to lead, although she could initiate basic rhythms when prompted. These however, were somewhat limited and again showed a sense of stuntedness.]

6[Gabby has good interpersonal skills,] regardless of the language barrier, which was very evident.]7[She made eye contact, responded to non-verbal cues, and was able to take turns, recognising my role.] She was very accommodating, and while this showed a willingness to interact amiably with me,] it did affect her expression of autonomy, as she did mostly take her cues from me.]8[She is quite small, and her nervous nature can also be seen in the way she walks, as well as how she interacts.] However, there is a sense that she is capable of more, and perhaps just needs the 'permission' to explore her own autonomy.] She is also one of the newer members of the house, so it is possible that she is still trying to find her place with the other residents.

9[There was not much verbal interaction in this session, and it was quite clear that Gabby does not have a strong grasp of the English language, making it hard for me to engage and explain things verbally.] This did affect our three circles activity, as she did not seem to understand what we were doing, so that she mostly just added some colour to the circles, and was unable to talk about them.]10[It does seem that pink is her favourite colour,] and she prefers isiXhosa songs over English ones.]11[Her playing is fairly loud,] even though she appears shy,] and even though it is stunted.]12[She displayed quite a playful energy,] and appeared younger than she actually is, acting quite child-like, more at the characteristic level of an 8-10 year old.]13[She was very sweet throughout the session, and said goodbye to me a number of times before I left the property.]

The childishness about her could be useful in engaging in more playful interactions, and may encourage participation, but it does seem developmentally incongruent, and may be something to address in future sessions.

GN1.1a: friendly  
GN1.1b: smiles nervously  
GN1.2: appears happy  
GN1.3a: musical  
GN1.3b: instrumentally tentative  
GN1.4a: vocally tentative  
GN1.4b: child-like vocal quality

GN1.5a: able to follow therapist's music  
GN1.5b: tentative when leading

GN1.6a: interacts easily  
GN1.6b: language barrier affects understanding  
GN1.7a: two-way interaction  
GN1.7b: accommodating of therapist  
GN1.7c: mostly follows therapist's ideas  
GN1.8: embodied nervousness

GN1.9a: language barrier affects understanding  
GN1.9b: unable to engage meaningfully with activities due to language barrier  
GN1.10a: expresses colour preference of pink  
GN1.10b: expresses preference of isiXhosa songs over English  
GN1.11a: plays loudly  
GN1.11b: appears shy  
GN1.11c: instrumentally tentative  
GN1.12a: playful  
GN1.12b: acts young for her age  
GN1.13: friendly

## Gabby session 2 (GN2)

1[The theme that seemed most important today was the idea of transitioning from a girl to a woman. Gabby continued to present in a child-like manner, much like last week. Her playing was still stunted, and she giggled nervously a lot.]2[However, she was the one to acknowledge that she does not like how others treat her like a child, especially in relation to how childish her voice sounds (strained and child-like, almost squeaky). She articulated that she does not like this and it makes her feel sad.]3[There seems to be the desire to be taken more seriously, as an adult, rather than a child, but she seems to find it difficult to engage on a more mature level, as though there is some conflict between these different aspects of herself. 4[This discussion did show an awareness of one important aspect of her social identity, as well as her desire to change it.]

5[There was not a lot of active music-making in this session, but we did spend a lot of time writing a chorus, with lyrics taken from other preferred songs.]6[Again, the language barrier made it very difficult to convey directions, ideas, and questions, and this meant that the activity took longer than expected, and that Gabby may not have understood clearly what we were doing.]7[However, the lines she chose did all have negative connotations of things being chaotic and not knowing where to go, etc., and shared some themes, so it is possible that Gabby did understand.]

8[However, even though there seemed to be connections between her lines, Gabby appeared quite happy while choosing them, and also asked for happy music to which to set them, showing inconsistencies in her meaning.]9[Regardless, she showed quite a lot of autonomy, making decisions confidently, with her voice becoming louder as she spoke/sang the words.]10[She also swayed along to the music, and seemed quite involved in the process.]11[The chorus needed an extra line, so I suggested a positive one, from one of her favourite songs, to which she agreed.]12[Afterwards, she told me it made her feel well to write a song.]

13[The improvisation we went into after that showed more musical variation than before, and Gabby was louder and more confident on her drum, although she did not use voice.] It was a more

GN2.1a: expresses desire to transition from girl to woman  
GN2.1b: acts young for her age  
GN2.1c: instrumentally tentative  
GN2.1d: laughs nervously  
GN2.2a: expresses displeasure at being treated like a child  
GN2.2b: others treat her like a child  
GN2.2c: expresses displeasure at child-like vocal quality  
GN2.2d: expresses sadness at being treated like a child  
GN2.3: expresses desire to be taken more seriously as an adult  
GN2.4a: awareness of childlike aspect of current social identity  
GN2.4b: expresses desire for an adult social identity

GN2.5: uses lyric analysis and song-writing to record meaningful lyrics from existing songs  
GN2.6: language barrier affects understanding  
GN2.7a: uses song-writing to express aimlessness and confusion  
GN2.7b: chosen lyrics contain similar themes

GN2.8: inconsistent emotional expression between lyrics and happy presentation  
GN2.9a: confident autonomy in song-writing  
GN2.9b: increased vocal confidence when using her own lyrics  
GN2.10: physical expressiveness  
GN2.11: agrees to therapist's suggestion to add a positive line  
GN2.12: expressed enjoyment of song-writing

GN2.13a: increased musical variation in improvisation  
GN2.13b: increased instrumental confidence

'comfortable' space than last week, and there is a sense of developing trust. 14[Gabby hugged me goodbye at the end.]

### Gabby session 3 (GN3)

Today was quite an informative session, especially relating to how Gabby spoke about her voice, and wanting to be grown up. 1[She told me that she wanted to have a more grownup voice,] and thought people would treat her more like a grownup if she had a bigger voice.]2[She is saddened by the fact that people treat her like a child, and wants to be seen as a grownup.]3[It is interesting that it is her voice that she uses as the symbol of her development, and this is something we then used in this session, and can continue to use.]4[We sang her song using different voices, portraying adult and child voices, louds and softs.]5[Although Gabby found it difficult to sing in a more mature voice, she did sing deeper and louder in this voice than in her 'child' voice.]6[She was also able to sing it alone, showing more confidence than before.]7[Additionally, we added a verse, based on what she said about being treated like a child.]

8[During our improvisations today, Gabby showed some coordination difficulties,] and mostly followed me, unable to maintain her own beat when I changed mine (even though I encouraged her to).9[However, she did understand how to engage in a turn-taking section, following my simple beats, and able to provide her own, playing appropriate phrase lengths, and leaving enough space for me to respond.]10[In this and 'Imvula', she was able to lead for short but more sustained periods.]

11[Gabby played loudly, especially on the drum, and when I asked if she enjoyed being loud, she responded positively.]12[This seems to contradict how she presents non-musically,] but does connect with her desire to sing loudly and be seen as an adult, as she has expressed before.]

13[Finally, while Gabby's music continues to reveal an element of stuntedness (although, less than before),] her movement was surprisingly fluid, and she seemed to find it easy to move smoothly to more quiet and flowing music.] Hopefully, working with this, Gabby may be able to transfer this sense of continuity to her music, experiencing it in different ways.

14[There are still quite a lot of difficulties regarding language,] and I think it may be necessary now to work with a translator when preparing sessions in order to provide isiXhosa translations for better understandings.

GN2.13c: vocally tentative  
GN2.14: friendly

GN3.1a: expresses desire for grownup voice  
GN3.1b: believes she will be treated like a grownup if she has a bigger voice  
GN3.2: expresses sadness at being treated like a child  
GN3.3: uses voice as symbol of social identity  
GN3.4: use of different singing voices to explore preferences  
GN3.5: sings deeper in 'adult' voice  
GN3.6: increased vocal confidence  
GN3.7: uses song-writing to express feelings of being treated like a child

GN3.8a: instrumental incoordination  
GN3.8b: follows therapist's music  
GN3.9: able to engage in turn-taking  
GN3.10: increased ability to lead

GN3.11: enjoys being loud  
GN3.12a: musical loudness contradicts non-music presentation  
GN3.12b: musical loudness relates to desire to be seen as adult

GN3.13a: reduced tentativeness  
GN3.13b: moves with fluidity

GN3.14: language barrier affects understandings

### Gabby session 4 (GN4)

There seemed to be quite a lot of freedom in creativity in this session. 1[We engaged in a drawing activity involving Gabby representing herself at three stages in her life (childhood, now, as an adult).] For each of these stages, we improvised music and simple songs portraying what was important at each stage.]2[As a child, she liked to play, and also sang a few songs she remembered from her childhood;| now, she likes to go to town, and we sang about buying food;| and as an adult, she wants to be a teacher, and she spoke about being a nice teacher who does not shout at her students,| before I took on the role of a student, allowing her to teach me.]3[She taught me a simple English song, adding actions, and singing louder and with more confidence than she has before.]4[It seems that she is able to take on this more autonomous, mature role when given the chance,] but perhaps she is not often given this chance in daily life.

5[When I asked which image she likes the most, she chose childhood| because the instrument there was the shaker, so it seemed that she did not fully understand what I was asking.]6[When I asked differently about which was her least favourite, she changed her answer from the grownup to her current self, but could not tell me why she liked that one the least.]

7[This activity, which allowed her to connect more with some of the different parts of the self,] seemed to encourage more creative and confident musical interactions, and this came through when we later sang her song, and in our improvisation.]8[Her voice was stronger,| and her body movements more animated.]9[In improvisation, Gabby showed more continuity in her rhythms, and was able to switch between instruments more easily,| showing less incoordination than in previous sessions.]

### Gabby session 5 (GN5)

1[Gabby was louder today, and engaged much more with a variety of instruments during a number of short improvisations.] There has definitely been a change in her way of interacting. 2[Her improvisation was also more autonomous, so that she was not only copying me, but playing complimentary rhythms more often.] They were still fairly simple, but more explorative and creative.]3[She picked the loudest instrument in the room (cymbal) and played it

GN4.1a: uses drawing to represent self at different stages of life  
GN4.1b: uses improvised music and song to represent important aspects of each life stage  
GN4.2a: uses childhood songs to express playing in childhood  
GN4.2b: sings about going to town and buying food at current age  
GN4.2c: expresses desire to become a 'nice' teacher  
GN4.2d: teaches song to therapist 'student'  
GN4.3: confidently teaches a song  
GN4.4: ability to enact perceived mature role

GN4.5a: expresses preference for childhood identity  
GN4.5b: expresses preference for shaker  
GN4.6: expresses dissatisfaction with current identity

GN4.7a: uses drawing and singing to explore age-related identities  
GN4.7b: increased musical confidence  
GN4.8a: increased vocal confidence  
GN4.8b: increased animated expressiveness  
GN4.9a: increased improvisational continuity  
GN4.9b: improved coordination

GN5.1: increased creative confidence  
GN5.2a: increased autonomy in improvisation  
GN5.2b: simple individualised creativity  
GN5.3: chooses to play loudly  
GN5.4a: increased vocal confidence

very loudly.]4[She was also vocally stronger,| and engaged in structured vocal improvisation, which is new for her.]5[She was quite nervous with this,| but began to engage more and more.]6[Her playing and singing have shown an increase in autonomous creativity and fewer inhibitions,| and this seems to connect with her desire to be more grownup, be louder, and be a teacher.] Each of these things seems to contain a degree of power, as compared to her current identity, and 7[she seems to be using the musical space to explore experiences and expressions of more powerful musical behaviour.]

8[We also engaged in an activity where Gabby drew herself, and then labelled the drawing with what others have said about her and what she thinks of herself.]9[Due to language issues, she did not seem to fully understand,| but did give a number of labels, both positive and negative.]10[They were written in isiXhosa so I was not able to work with them all at the time.]11[However, after asking her to pick her least and most favourite and attach feelings to them, we were able to go into an improvisation, exploring these feelings musically.]12[Gabby was the one to extend our improvisations today,| and additionally she prolonged the ending a number of times, as though she did not want to leave.]13[It seems she is far more comfortable in and trusting of this space.]

14[There was also more fluidity when singing her song,| and Gabby engaged in more body movement| as well as instrumental and vocal improvisation during the song, showing increased flexibility.]

**Gabby session 6 (GN6)**

1[Gabby engaged at quite a mature level today,| and she seems to be more comfortable with working more with symbolism.]2[However, the language barrier continues to affect our interactions, most of which remain very simple and at surface level,] so that sometimes I wonder if, in the time we have left, we will be able to work more meaningfully, or if our interactions will remain restricted. 3[She also spoke about her brother, whom she has not mentioned before, but who seems to be quite important to her, although she has not seen him in a long time. She was not really able to engage verbally on the topic.]

4[In her playing, Gabby was assertive and loud,| did not follow me as much as she has in the past,| and played more complexly than

GN5.4b: engaged in vocal improvisation  
 GN5.5a: expressed nervousness of vocal improvisation  
 GN5.5b: increased vocal confidence  
 GN5.6a: increased musical confidence  
 GN5.6b: associates loudness with being a grownup  
 GN5.7: expresses more powerful musical behaviour

GN5.8: identified own/other descriptions of self  
 GN5.9a: language barrier affects understanding  
 GN5.9b: includes perceived positive and negative attributes  
 GN5.10: uses isiXhosa to record labels  
 GN5.11: used improvisation to express negative and positive emotions  
 GN5.12a: extends improvisations  
 GN5.12b: resists ending  
 GN5.13: shows more trust in the space

GN5.14a: increased vocal fluidity  
 GN5.14b: increased physical expressiveness  
 GN5.14c: increased musical flexibility

GN6.1a: engages in a more adult manner  
 GN6.1b: increased ability to use symbolism  
 GN6.2: language barrier affects understanding  
 GN6.3: importance of brother

GN6.4a: increased musical autonomy

she usually does.]5[These extended moments of autonomy were punctuated by more nervous moments, when she would stop and clasp her hands together; however, her musical presentation has definitely developed over our process.]6[Something she does seem to battle with at times, is going to more intimate spaces in the music. While she is definitely more musically interactive, her music is mostly upbeat and loud now, and she resists quieter spaces, sometimes musically, and sometimes by laughing.]7[This is interesting in comparison to how she has started opening up verbally,] and may be more reflective of how she really feels when it comes to exploring emotions, rather than facts. I am continuously frustrated by the language barrier, and feel that she would actually be more open if we could understand each other better. I am also nervous about triggering too much even in the music, with regard to the language barrier, because if something emerges that is difficult to contain, I feel that verbal processing may be necessary, but I am incapable of facilitating that in her language.

**Gabby session 7 (GN7)**

1[Gabby continues to extend her musical interactions, playing more autonomously and elaborately during improvisations.]2[She also follows me when I engage in vocal improvisation,] although she often laughs nervously still.]3[Her playing today was a little haphazard, and she seemed to have some difficulty grounding herself,] even though she continued to engage creatively.]4[However, after we had played for a while, she seemed to settle, and we went into an improvisation that was very musical and interactive]5[There were spontaneous moments of turn-taking,] as well as shifts in energy, dynamics, and timbre, initiated by both of us, as we played between a number of instruments.]6[We were also able to move into a slightly more intimate space today, although Gabby resisted at first. | She soon accepted the softer music and | hummed and swayed with me, | before we raised the energy again.]

After our improvisation, I did make a statement to Gabby acknowledging that something bad happened to her recently, and that it was not her fault. I know that she has not actually discussed it with anyone, and I did not want to force her to, but she knows why I am working with her, and I did not want to ignore it. I also said that our sessions were almost over, and if she decided she did want to talk to someone, I could refer her to a social worker. I was reading all of this from an isiXhosa translation, so my language was a bit broken, and I am not sure how much she understood. 7[She did, however, seem to become stiller and more silent. | She held the shaker in front of her face, touching her eyes with it.] This discomfort makes me think she did understand, but she was also

GN6.4b: increased confidence to lead  
 GN6.4c: increased technical ability  
 GN6.5: embodied nervousness  
 GN6.6: resists musical intimacy  
 GN6.7: increased verbal openness

GN7.1: increased musical autonomy  
 GN7.2a: increased confidence in vocal improvisation  
 GN7.2b: embodied nervousness  
 GN7.3a: plays haphazardly  
 GN7.3b: engages creatively  
 GN7.4: reduced haphazardness following period of improvisation  
 GN7.5a: engages in turn-taking  
 GN7.5b: increased mutual musicality  
 GN7.6a: resists musical intimacy  
 GN7.6b: joins therapist in more intimate music  
 GN7.6c: embodied gentleness  
 GN7.6d: increased musical energy

GN7.7a: becomes still when therapist acknowledges client's experience  
 GN7.7b: uses shaker to nervously cover face  
 GN7.8a: acknowledges therapist's reference to her experience  
 GN7.8b: declines referral to social worker

able to laugh at my isiXhosa so that the space did not seem too threatening.]8[She nodded afterwards,| but said she did not want to speak with a social worker.]

9[We moved onto story creation, and the main character was her brother. She has only mentioned him once before, but it seemed that he is very important to her.]10[Regardless of her decision to use him, the story followed a path she might choose for herself,| focusing on home, going to town, buying food and clothes, and then returning home to safety and sisters.]11[When I asked about safe and unsafe places, she identified 'inside the yard' as safe (home and playing),| and outside, strangers and the tavern as unsafe.]12[We took this into an improvisation about unsafe and safe spaces.]13[The unsafe improvisation was uncertain, frantic at times, and dissonant,| while the safe improvisation was more structured and certain, with Gabby showing more confidence and volume.]14[We took this into the Jerusalem song she taught me previously, and then adapted the words to say 'we are marching over to ekhaya' (the safe place).]

15[Later, when we sang her first song, we added words to the hook, and I encouraged Gabby to say them in the first person. | I suggested (in isiXhosa) 'I am strong', which Gabby liked, and she added 'ndiimhle... ndiimhle ke lakhe ('I am beautiful').]

### **Gabby session 8 (GN8)**

There seemed to be many significant moments in this session, but one definitely stands out. 1[We were doing a sonic sketch about our process and what came up for Gabby, and contradictory to previous images, she added two negative images among the positive ones. | The first, she called a 'beast'. I asked about its facial features, and she told me it had one eye because it is a beast. She told me he was not nice; he was bad. | I asked why he was bad, and she responded in isiXhosa ('Indlu yakhe imdaka kakhulu'). I could only translate it afterwards, and it meant 'his house is very dirty'.]2[When I asked what she would like to do to him, she wrote the answer 'ndingaxotha endlini' (afterwards translated, 'I would chase him out of the house'),| before saying 'fight it!'.]3[I offered her the drum as a representation of the beast, and ask her if she wanted to fight it. I held it up, and she began punching it. | Her hits grew harder, and when her hand got sore, I offered her the sticks and she continued to hit it.]4[When she finished, I took her back to the picture, and asked what she would like to do to it. She took the pink pencil (pink is her colour, and has been used to represent her in previous pictures). She began stabbing the beast in the picture. | She kept

GN7.9: importance of brother  
GN7.10a: uses story-telling to express daily activities  
GN7.10b: importance of home, going to town, buying food and clothes, and returning to safety and sisters  
GN7.11a: identifies 'inside the yard' as safe  
GN7.11b: identifies 'outside, 'strangers', and 'tavern' as unsafe  
GN7.12: uses improvisation to express 'safe' and 'unsafe'  
GN7.13a: uses improvisation to express unsafe as uncertain and frantic  
GN7.13b: uses improvisation to express safe as confident and stable  
GN7.14: adapting known song to express going to the safe place

GN7.15a: extending personal song in first person  
GN7.15b: accepts therapist's suggestion to include theme of personal strength  
GN7.15c: uses song-writing to express 'I am beautiful'

GN8.1a: uses sonic sketch to symbolise positive and negative themes  
GN8.1b: uses drawing to represent a bad beast  
GN8.1c: expresses the beast has a dirty house  
GN8.2a: expresses desire to chase the beast out of his house  
GN8.2b: expresses desire to fight the beast  
GN8.3a: relentlessly punches the drum as symbol of beast  
GN8.3b: uses stick to hit drum as symbol of beast  
GN8.4a: uses pink pencil to stab image of beast  
GN8.4b: relentlessly stabs beast, breaking pencil  
GN8.4c: covers beast with pink glitter

stabbing him, even though the pencil tip broke. After this, she took the pink glitter pen, and covered the beast with glitter.]5[I asked her if there was anything else she wanted to do, and she scribbled hard all over it with the purple screwie.] I then helped to add more pink glitter, because I wanted to show solidarity, but did not have the isiXhosa words. 6[She then told me she was finished.]

7[We moved on to the other negative picture, which she identified as a shark. She told me it eats you if you go into the water. I asked if there was something she wanted to do to it, and she drew a purple cross through it.]8[She also identified a dolphin opposite the shark, saying it was good, and helpful. When I asked, she responded positively that it protects us from the sharks and beasts. I asked her if there was someone in her life like the dolphin, who helps her fight bad things, and she said 'aunty' (her house mother).] I was somewhat surprised by her ability to draw parallels between the metaphorical and real life, as she has had difficulties with that before. However, in these conversations and actions, there seemed to be some integration of the beast and shark, as well as her house mother's protective role, even though she is still relatively new here.

9[Gabby's actions towards the beast were particularly notable, and she exerted a large amount of force against him, in a number of ways. She physically beat his representation (the drum), stabbed him (drawing), and covered him completely with a representation of herself, being able in a sense to exert control over him.] It is difficult not to speculate about what the beast may represent, considering what Gabby has recently experienced, but I am wary about doing that. However, I am sure he did represent some sort of threat (especially because Gabby was able to quickly draw parallels between the metaphorical protector and her house mother, showing her ability to link the drawings to real life). She was then able to exert control over the threat and destroy him.

10[Later, when I asked her to write something on the helium balloon that she wanted to let go of, she wrote 'when people say I'm little' and 'when people beat each other'.]11[I asked about the beast, and she decided to add both that and the shark, but this time, the shark no longer had jagged edges, and the beast had no nose or mouth.]12[I noted that it no longer had a mouth, and she agreed. I said that it could no longer make any sounds, while Gabby's voice has grown and grown, and she seemed pleased about this.]

13[Gabby's musical interaction through the session was very engaging and autonomous. Although she still copied a lot, she showed a lot of musicality and confidence.]14[There was a strong

GN8.5: scribbles over beast with purple screwie  
GN8.6: informs therapist when she is finished

GN8.7a: uses drawing to represent a dangerous shark  
GN8.7b: draws purple cross through shark  
GN8.8a: draws helpful, protective dolphin  
GN8.8b: associates dolphin with protective housemother

GN8.9: engages in symbolic violence towards beast

GN8.10a: expresses desire to let go of being called little  
GN8.10b: desire to let go of people beating each other  
GN8.11a: desire to let go of shark and beast  
GN8.11b: draws shark without its jagged edges  
GN8.11c: draws beast without its nose and mouth  
GN8.12a: responds positively when therapist observes that the beast can no longer speak  
GN8.12b: responds positively when therapist observes how client's voice has grown

GN8.13a: autonomous engagement

sense of flow, and few inhibitions, and Gabby was not too tentative about her decisions, showing a lot of confidence in them,| and playing quite loudly.]15[This loudness, both in instrumental and vocal work, seemed to show her ability and decision to move into a different experience of herself and her voice, and stood in quite stark contrast to the shy and quiet girl who started these sessions.]16[When I articulated some of these changes to her, Gabby grinned and seemed very pleased with herself.]

17[In her movement as well, when we were dancing, Gabby showed more maturity and technical proficiency, even though this is not something we had been working on during sessions.]18[Her movements were fluid, and when using the ribbons, she controlled them well, and they did not tangle, as they had previously.]19[There was a victorious quality to her uninhibited movement.]

20[When I asked her to identify positive things she learnt/remembered about herself during our process, she was able to write 'I' statements, instead of the 'I like' statements she had used before. She also chose to write in English:

- I can sing
- I am loved (khaya)
- I am special (how she feels because her house mother protects her)
- I am wonderful
- I am friendly (because she likes to play with others)]

21[We then also used these lines, adding them to her song,| and she sang them about herself too.]22[Afterwards, Gabby released the balloon, along with her disliked social identity,| and the silenced threats.]

GN8.13b: increased musical confidence

GN8.14a: increased confidence

GN8.14b: plays loudly

GN8.15: increased musical confidence

GN8.16: pleased with therapist's reflections of client's changes in engagement

GN8.17: increased technical proficiency in dance

GN8.18: moves with fluidity

GN8.19: uninhibited movement

GN8.20: records positive 'I' statements about singing, being loved, special, wonderful, and friendly

GN8.21: uses song-writing to record positive 'I' statements

GN8.22: releases balloon with what she wanted to let go of

### Power session 1 (PN1)

1[Power presented as bubbly| but shy. She had quite a nervous laugh, which she used a lot.] It seemed as though she was hiding at times behind this laugh. 2[She was musical,| but did show some coordination difficulties on the drum,| and enjoyed singing along quietly to familiar songs.]3[Power was also fairly talkative, and has a good grasp of English, which made it much easier to communicate verbally.]

4[Power appears more confident in speech| than in the music,] but this may have been due to the new situation. 5[She asked me how to play the drum, and checked if she was doing it correctly.]6[Regardless, there was a sense of individuality;| for example, at the end of one of our improvisations, she playfully redid her own ending to include the cymbal.]

7[When we did the 3 circles activity, Power asked if she could write words rather than draw,| and chose a specific colour for the first letter in each circle.]8[In the first one, she wrote 'happy', saying that the song makes her happy because it does not hurt her. | She used blue as she likes it.]9[The second piece made her sad, and she wrote about remembering her mother because she liked music like that. | The red colour was because her mother died.]10[The third piece reminded her of her parents' deaths, and she wrote about that and her sadness,| using black because they are dead.]11[She cried as she told me this. | She wanted to talk about it, but was then unable to do so, asking to talk about it another time.] This took up quite a lot of the session, and I was concerned that she may be oversharing for a first session, and that it might hinder the development of trust in future sessions, so I did not push anything, and moved back into music making, which was much the same as before.

### Power session 2 (PN2)

1[Power seemed quite easy-going,| but continued to engage in her nervous laughter. This laughter is a response to a number of situations, including the funny, questions, mistakes, and new situations.] It actually seemed somewhat resistive.

2[When we went into song-writing, Power did not help with the melody, but was actively engaged in choosing lyrics from existing songs,| and arranging them as she liked them.]3[She was also

PN1.1a: bright presence  
PN1.1b: laughs nervously  
PN1.2a: musicality  
PN1.2b: instrumental incoordination  
PN1.2c: enjoys singing familiar songs  
PN1.3: talkative

PN1.4a: verbally confident  
PN1.4b: musically tentative  
PN1.5: asks therapist if she is playing correctly  
PN1.6a: improvisational individuality  
PN1.6b: musically playful

PN1.7a: uses 3 circles activity to write down current feelings  
PN1.7b: confidently incorporates colour into each 3 circles phrase  
PN1.8a: uses 3 circles activity to associate 'happy' with not being hurt  
PN1.8b: expresses colour preference of blue  
PN1.9a: uses 3 circles activity to express sadness at memory of mother  
PN1.9b: uses red to represent her mother's death  
PN1.10a: uses 3 circles activity to express sadness at memory of parents' deaths  
PN1.10b: uses black to represent parents' death  
PN1.11a: cries at memory of parents  
PN1.11b: guardedness following expressed desire to talk about parents' deaths

PN2.1a: relaxed involvement  
PN2.1b: laughs nervously

PN2.2a: uses lyric analysis and song-writing to express current feelings

somewhat vocal when she did not like something I tried, telling me she did not like what I was doing,] but it felt as though she did not always say when she did not like something. It seems as though she avoids confrontational situations, and this may have affected her desire to correct me at times. However, as I listened to her first criticism and encouraged her to continue telling me if she wanted to add changes, hopefully in the future she will feel more comfortable doing so. It was difficult coming up with a melody and song structure, because of the uneven phrasing, 4[but Power said that the final product was cool, and seemed happy with it.]

5[Power was also more involved with the instruments today. She engaged with a number of instruments,] and did not ask for approval as often,] although there were still some coordination difficulties,] where she would just stop playing| or try to 'redo' a phrase instead of moving on with the music.]6[Regardless, she was keen to try new things,] and did show more confidence than last week in her decisions.]7[She also sang a little, including the song that we wrote,] but seemed more comfortable with movement. She seemed to enjoy dancing, and moved easily,] able to both lead and follow simple moves,] as well as engage with free movement.]

8[Power did not want to talk about her parents, even though she had disclosed last time,] so it seems that she may have decided that she had shared too much for a first session. 9[However, she remained actively involved through the rest of the session.]

**Power session 3 (PN3)**

1[Power showed more autonomy in instrumental improvisation,] able to play the drum for more extended periods,] without checking with me that she was playing it correctly| (although her playing was still fairly tentative).]2[The first beat she started was a simple basic beat with an elaboration on the third beat.] While her playing was more continuous than last week,] Power did seem to have some trouble maintaining her focus. She quickly switched between different musical ideas,] and it was relatively difficult to match her, before she moved onto something else. This seemed to reveal a sense of disjointedness. I considered that she might be resisting connection with me, but 3[she was quite interactive throughout the rest of the session,] so it may not be that. Alternatively, it might reflect an aspect of herself; perhaps she experiences a disjointedness in her own life. I did contain the music as best I

PN2.2b: actively engages in song-writing  
 PN2.3: expresses disagreement  
 PN2.4: expresses satisfaction with the final song

PN2.5a: increased instrumental engagement  
 PN2.5b: does not seek therapist's permission as much  
 PN2.5c: instrumental incoordination  
 PN2.5d: stops playing when music becomes uncoordinated  
 PN2.5e: replays sections of improvisation for accuracy  
 PN2.6a: increased instrumental exploration  
 PN2.6b: increased instrumental confidence  
 PN2.7a: engages in singing  
 PN2.7b: enjoys movement  
 PN2.7c: uses movement to lead and follow  
 PN2.7d: engages in free movement

PN2.8a: guardedness regarding parents  
 PN2.9: active involvement

PN3.1a: increased instrumental autonomy  
 PN3.1b: continuity on drum  
 PN3.1c: does not seek therapist's permission as much  
 PN3.1d: instrumentally tentative  
 PN3.2a: leads simple improvisation  
 PN3.2b: instrumental continuity  
 PN3.2c: loses focus  
 PN3.2d: switches quickly between musical ideas  
 PN3.3: interactive throughout session

could, but also encouraged her to be explorative, as she had not played like this before.

4[When we sang her song, we added a few extra words to the hook.] I suggested singing 'I'm powerful', and then 5[she suggested 'I'm grateful'.] She was more actively engaged during this song, and the more structured focus seem to keep her attention fixed on the song, instead of moving quickly through different ideas.]

6[Although she did not discuss her parents, Power did acknowledge that she still misses them, but also that she sees her foster house as home, and her house mother as her mom.] When we did the sentence completion activity, although we will discuss it more next week, I was surprised by how openly she seemed to engage with it. 7[She showed strengths and weaknesses,] and seems quite self-reflective and in touch with herself, showing a fairly good sense of self.

#### **Power session 4 (PN4)**

1[Power's drum work developed in this session from copying me and sighing/stopping each time she lost the rhythm, to playing more confidently, maintaining her own rhythms against mine, making more dramatic changes, and altering her rhythm while maintaining the basic structure.]2[This seemed to be evoked after I kept pushing her gently to play through her perceived 'mistakes'. Each time she stopped, I would return to the basic beat, encouraging her to join in again, and telling her that if she got lost, she just had to come back to this to join in again.]3[She began to do it herself, before we moved to the second improvisation which involved the mentioned individuality in her playing. Here, we also played accidental interlocking rhythms, and at times when I led, pushing the tempo, Power was better able to keep up with me. We also changed instruments a number of times, which showed increased flexibility,]4[but there was still some haphazardness in changing, with Power still showing some difficulties with flow.]5[Our music also seemed to have an element of humour to it, with some surprise symbol beats, and shared laughter that was different from Power's nervous laughter, and related more to our shared experience.]

After this, I did make a statement to Power, acknowledging that something bad happened to her when she was younger, and that it was not her fault. I know that she knows that is why I am working with her, so I did not want to ignore it. I also said that our sessions were almost over, and if she decided she did want to talk to someone, I could refer her to a social worker. 6[Power nodded throughout my statement, but remained silent.]7[When I said I was

PN3.4: extends song  
PN3.5a: uses song-writing to express gratitude for her current situation  
PN3.5b: active engagement in song-writing  
PN3.5c: increased focus

PN3.6a: misses her parents  
PN3.6b: refers to current home as home  
PN3.6c: refers to house mother as mom  
PN3.7: uses sentence-completion activity to express personal strengths and weaknesses

PN4.1a: increased instrumental confidence following incoordination  
PN4.1b: maintains complimentary rhythms  
PN4.1c: increased musical creativity  
PN4.2: responds confidently to therapist's grounding encouragement  
PN4.3a: uses therapist's suggestion to return to basic beat when losing the rhythm  
PN4.3b: engaging in interlocking rhythms  
PN4.3c: increased ability in adapting to therapist's tempo changes  
PN4.3d: increased instrumental flexibility  
PN4.4: partial incoordination  
PN4.5a: humorous moments in improvisation  
PN4.5b: decreased nervousness  
PN4.5c: joint expressed enjoyment

PN4.6: quietly acknowledges therapist's reference to her experience  
PN4.7: expresses enjoyment of working together following therapist's expression of enjoyment

really enjoying working with her, she said she likes working with me too.] I told her she did not have to make a decision about a social worker yet, but that the option was available.

8[When we discussed the sentence completion Power did last week, she spoke about wanting to be a social worker when she grows up, and help people in trouble. She does not like it when anyone is in trouble,] and it makes her sad when people start rumours about others at school.]9[She also said that she would not change anything about herself – she likes the way she is| – and she is proud of herself| and needs to listen to herself and the people who are good for her.]

10[This self-love also came through when she drew a picture of herself, standing next to a huge, beautiful red flower.]11[The labels she attached (what others think of me; what I think of myself) were all positive, even though there was the option to include something negative.] While this may be Power wanting to resist negative feelings, she does seem to have a strong sense of self, which has shown through throughout our process.

12[When we then sang her song, she sang along quietly, as she was not sure of the words and had to read them, while playing a shaker.]13[She seemed somewhat bored at times,] but made a lot of eye contact and seemed fairly involved.]14[We also added the words from her picture to the bridge,] so that she could continue to acknowledge them in the first person, and have them validated.

### **Power session 5 (PN5)**

1[At the beginning of this session, Power asked me to refer her to a social worker,] saying that she would like to talk about what she learnt in our sessions.]2[It seemed that this was mostly to do with her parents,] but I did not push her to tell me, saying that I would refer her. By deciding to talk to someone, it seems Power is taking more control over her life, and seems to want help in integrating her experiences.

3[Musically, she presented much as she did last week, but remembering to go back to the basic beat if she lost the rhythm,] so that our music had a better sense of flow.]4[Her music was simple, but she did not get lost as often, and there has definitely been an improvement in her motor coordination over the course of our work,] but it is possible that this had to do with confidence, and is now improved due to her increased confidence in instrumental improvisation.]5[I reflected to her how much her music has changed since her first session, and she laughed, looking pleased with herself.]

PN4.8a: expresses desire to become a social worker and help people in need  
PN4.8b: expresses sadness at people gossiping  
PN4.9a: expresses that she would not change anything about herself  
PN4.9b: expresses pride in herself  
PN4.9c: expresses desire to listen to herself and those who are good for her

PN4.10: uses drawing to represent herself next to large red flower  
PN4.11: identifies positive own/other descriptions of self

PN4.12: tentative vocal and instrumental involvement in own song  
PN4.13a: momentary boredom  
PN4.13b: interactive involvement  
PN4.14: incorporating positive self-statements into song

PN5.1a: requests referral to social worker  
PN5.1b: expresses desire to further explore what emerged in sessions  
PN5.2: expresses desire to explore feelings around parents' deaths

PN5.3a: increased technical proficiency  
PN5.3b: increased musical flow  
PN5.4a: improved coordination  
PN5.4b: increased instrumental confidence  
PN5.5: expresses pleasure in response to therapist's acknowledgement of musical changes over process

6[The sonic sketch we did focused on the therapy process, what stood out to her, and what came up for her. Looking at it afterwards, we identified a number of aspects of our relationship, including playfulness, sadness, connecting, growth, and nurturing.]7[Before she chose her favourite picture, I asked overall what the sketch said about our work, and she said 'So it means we do lovely work'.]8[She chose the image of the two of us dancing in the rain, with the 100%, portraying our 'lovely work' and saying that she will miss me.] I told her I will miss her too, 9[and when framing the picture, she asked me to add another symbol that I had started to the frame. This symbol, which she thought was beautiful, was intended by me to show growth.] She had added a square around it, and when she said there was no reason, I said it looked like it was protecting the flower as it grew.] She said the image looks like 'when something is small, it grows big and pretty'. She wanted to add this symbol of her growth to the picture she chose to represent our alliance, possibly showing that she had found it a safe, containing space in which she could grow. 10[I asked if and how she thinks she has grown during the process, and she said 'beautiful'.]

11[Power articulated that she felt proud of herself (especially in relation to singing, song-writing, and the sonic sketch). When I asked her to write down positive things she has learnt/remembered about herself, this is the first thing she wrote.]12[She also added 'I am strong', 'I am special', 'I miss my mother and father (I told her it is good to remember them); I love Caitlin (I realised she might not fully understand what we were doing, but I also thought that that might remind her of our work and what came up for her); I love God.]13[When I asked if there was anything she wanted to let go of, she wrote 'sadness' on the balloon (expressing the desire to let go of the pain of her parents' deaths); and 'what other people say about my parents (it sounded like they sometimes make fun of her parents' deaths). She released the balloon outside.]

14[When we sang her song for the last time, she was quiet but present.]15[She played the shaker and showed musical perception, anticipating changes in energy between different sections, and making a lot of eye contact.]16[She also led one section in particular that used 'I' statements on the hook, singing the things she had added last week, and showing confidence and autonomy.]

PN5.6: use of sonic sketch to mutually identify therapeutic themes of playfulness, sadness, connecting, growth, and nurturing  
 PN5.7: describes joint process as 'lovely work'  
 PN5.8a: sees value of therapeutic process  
 PN5.8b: expresses that she will miss therapist  
 PN5.9a: asks therapist to add drawn symbol of growth to preferred image of client-therapist alliance  
 PN5.9b: adds box to symbol of growth  
 PN5.9c: expresses interpretation of growth symbol as something small having the ability to grow big and pretty  
 PN5.9d: desire to add symbol of growth to image representing client-therapist alliance  
 PN5.10: expresses that she has grown 'beautiful' during the process

PN5.11: expresses pride in self, related to ability to sing, write songs, draw  
 PN5.12a: records positive self-statements about being strong and special  
 PN5.12b: misses her parents  
 PN5.12c: records affection for therapist  
 PN5.12d: records her love of God  
 PN5.13a: expresses desire to release sadness surrounding parents' deaths  
 PN5.13b: expresses desire to let go of what others say, making fun of her parents' deaths

PN5.14: calm presence  
 PN5.15a: increased musicality  
 PN5.15b: increased ability to anticipate changes in energy in different sections of her song  
 PN5.15c: increased eye-contact

	PN5.16a: leads section of positive self-statements PN5.16b: confident autonomy
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**APPENDIX H**

**Themes, categories, and codes**

**THEME 1: THERAPEUTIC RELATIONAL DYNAMICS**

SUBTHEME	SECONDARY SUBTHEME	CATEGORY	SUB-CATEGORY	CODES
Distance		Decreased participation	Musical “perseveration”/decreased involvement	P1.11a; P2.21b: perseverative rhythm P2.14; P2.19b: partial perseveration P1.15: returns to perseverative rhythm P3.13a: repeat verse with no variation P1.16: maintains perseverative rhythm against therapist’s variation P2.20: decreased involvement PN1.2b: instrumental incoordination P2.39: musically monotonous PN2.5e: replays sections of improvisation for accuracy A2.38a: decreased musical variation A1.13: loses beat briefly, following therapist’s elaboration AN6.7: plays main beats at irregular intervals A1.7b; A1.25b; A1.30b; A2.19: narrow melodic range A2.36b; A3.1b: plays repetitive rhythm A3.21b: playing perseveratively AN6.1b; AN6.3a: perseveration A1.15b; A1.20b: plays repetitive phrases A1.19b: returns to repetitive phrase AN1.5d: instrumental perseveration A2.20a: decreased vocal expressiveness A3.20: musically monotonous G3.68b: decreased instrumental engagement G2.42b: returns to previous humming pattern GN3.8a: instrumental incoordination
			Decreased/partial movement involvement	P1.2a; P2.27c; P2.51b; P3.11a: partial physical expressiveness PN4.4: partial incoordination PN2.5c: instrumental incoordination A1.4c; A1.8b; A1.14c; A1.25c; A1.29; A3.13c; A3.26b: partial physical expressiveness A1.32c; A3.7b; A3.24a: decreased physical expressiveness A2.11a: sways out of time while playing in time G1.1b; G1.24b; G1.34; G1.37b; G3.11a: partial physical expressiveness G3.17b: return to partial physical expressiveness

				G2.7b: decreased physical expressiveness
			Flat/passive/decreased energy	P2.21a; P3.21c; P3.51b: decreased energy P1.2b; P3.11b; P3.19: flat energy AN5.2a: passive involvement A1.2c; A1.6a; A1.34b; A2.24b; A3.2b; A3.6b; AN6.6a: flat energy A3.10a; A3.21a: decreased energy A3.6a: decreased animated expressiveness AN7.1c: flat acknowledgement of therapist's reference to her experience A1.21c; A2.5; AN1.5a; AN3.7b; AN5.1a: flat affect G3.68c: decreased vocal energy towards cadence G3.58c; G3.68a: decreased energy G3.11b: dull instrumental presence
			Losing focus	P1.3a; P2.3; P3.37; PN3.2c: loses focus P3.50: looks around the room while playing P2.34a: looks down PN4.13a: momentary boredom A3.36c: looks down G3.7a: loses focus, looking intently at the rope of the drum G3.50a: looks briefly at ceiling G2.15a: looks away G1.5a: absent-mindedly taps a few notes G3.44b: begins singing original lyrics as therapist sings the new ones G3.28c: loses the rhythm G2.15b: unfocused accelerando
		Interactional barriers		AN5.6: language barrier partially affects interactions GN1.6b; GN1.9a; GN2.6; GN3.14; GN5.9a; GN6.2: language barrier affects understanding GN1.9b: unable to engage meaningfully with activities due to language barrier
		Wariness, tentativeness, guardedness		P2.11b: plays shaker tentatively P3.39a: tentatively begins shaking again P1.4: tentative variation P2.9a: stops tentatively PN2.8a: guardedness regarding parents PN1.11b: guardedness following expressed desire to talk about parents' deaths PN4.12: tentative vocal and instrumental involvement in own song PN3.1d: instrumentally tentative PN1.4b: musically tentative P3.25a: tentatively chooses to sing 'I am lovely' following therapist's invitation P3.30: giggles nervously when singing that she is special A2.8; A2.10: tentative vocal involvement AN1.3: cautious A1.34c: tentative eye contact A2.33: tentative rhythmic variation A3.30: tentatively echoes therapist A1.1a: tentative instrumental involvement following initiation by therapist AN1.7b: tentative musical involvement AN1.2a: tentative enjoyment AN4.3a: tentative recognition of representation of self AN5.12a: tentative involvement AN2.3; AN2.7a: sudden return to cautiousness

				<p>AN1.7a; AN1.10a: cautious in unfamiliar situation</p> <p>AN2.2: cautious guardedness followed by sudden disclosure</p> <p>A1.35a: tentatively mirrors therapist's deep breath</p> <p>AN1.1; AN1.6; AN6.1c: cautious distancing</p> <p>AN8.15: caution in verbal interaction</p> <p>A1.11: cautious interaction</p> <p>AN1.4d: cautious in instrumental interactions</p> <p>AN3.2; AN3.10; AN4.1: fluctuating between disclosure and caution</p> <p>AN5.14a; AN5.16b; AN8.17: fluctuating between connection and caution</p> <p>AN5.5: fluctuating between active and passive involvement</p> <p>A1.35b: tentatively sits up straight</p> <p>G3.40a: tentatively sings original lyrics</p> <p>G2.12: tentative re-engagement following therapist's invitation</p> <p>G2.52a: tentatively joins therapist's vowel sounds</p> <p>GN1.5b: tentative when leading</p> <p>GN1.3b; GN1.11c; GN2.1c: instrumentally tentative</p> <p>GN1.11b: appears shy</p> <p>GN1.4a; GN2.13c: vocally tentative</p> <p>G3.46a: tentatively sings 'ndinamandla' in response to therapist's invitation for new lyrics</p>
		<p>Expressions of nervousness and low confidence</p>	<p>Nervousness</p>	<p>P1.21a: laughs nervously following attempt to join therapist's new tempo</p> <p>P1.27b: laughs nervously following missing a beat</p> <p>P3.23: laughs nervously at therapist's non-verbal invitation</p> <p>P1.12; P1.14b; P1.19b; P2.22a; P2.11a; P3.38a; PN1.1b; PN2.1b: laughs nervously</p> <p>P3.46: laughs nervously as she misses a word</p> <p>P1.14a; P1.19a: sudden nervous stop</p> <p>GN1.1b: smiles nervously</p> <p>GN5.5a: expressed nervousness of vocal improvisation</p> <p>G2.66: buckles, laughing nervously at therapist's loud vocal variation</p> <p>GN2.1d; G2.47b: laughs nervously</p> <p>G2.32a: continued nervous physical expressiveness</p> <p>G2.31: attempts to re-engage before laughing nervously</p> <p>G3.49b: leans back briefly, laughing nervously</p> <p>G2.36: buckles, laughing more openly but nervously</p> <p>G2.83c: grins nervously</p> <p>G2.30: increased nervous physical expressiveness</p> <p>G2.29b; G2.46b; G2.50; G3.57a: buckles, laughing nervously</p> <p>G2.83b: animated nervous expressiveness after realising perceived mistake</p> <p>GN1.8; GN6.5; GN7.2b: embodied nervousness</p> <p>G2.32d: closes eyes nervously, facing ceiling</p>

			<p>G2.21c: clasps beater nervously under chin</p> <p>G2.20c: clasps hands nervously under chin</p> <p>G2.23c: clasps hands nervously in front of her</p> <p>G1.27; G1.31: frames face nervously with beaters</p> <p>G2.32b: clasps hands nervously behind back</p> <p>G3.51b: hugs drum nervously in front of face</p> <p>GN7.7b: uses shaker to nervously cover face</p> <p>G3.38: stops suddenly as therapist asks what else she is</p> <p>G3.39: laughs nervously at therapist as she tries to ask what else client is</p> <p>G2.57b: sudden stop, clasping shaker nervously in front of her</p> <p>G2.39a: suddenly reverts to humming nervously</p> <p>G2.39b: nervously stops smiling and moving</p> <p>G3.49e: giggles nervously towards therapist</p> <p>G3.47a: joint nervous laughter</p> <p>G3.49d: stops smiling, nervously</p> <p>G3.47b: hugs drum nervously</p> <p>G3.48a: leans over drum, hugging it nervously</p> <p>G3.49a: brief nervous silence</p> <p>G3.58b: sudden nervous stop on new words</p>
			<p>Low confidence</p> <p>P1.23b: sudden stop following perceived mistake</p> <p>P2.44c; P2.10: stops after losing rhythm</p> <p>PN2.5d: stops playing when music becomes uncoordinated</p> <p>PN1.5: asks therapist if she is playing correctly</p> <p>PN3.2d: switches quickly between musical ideas</p> <p>A3.23a: momentary confidence in rhythmic variation, followed by return to perseverance</p> <p>A2.32: momentary confidence in rhythmic variation, before returning quickly to simple rhythm</p> <p>AN5.2b; AN5.11: reduced confident expression of autonomy in song-writing</p> <p>AN5.3a; AN5.4: lack of confidence in expression of disagreement</p> <p>A1.1b: slouches</p> <p>G2.5b: reverts to basic beat</p> <p>G3.10b: plays half-time beat after brief rhythmic experimentation</p>
		Tense/rigid/ controlled involvement	<p>P1.1a; P2.27b; P2.38a; P2.43a: rigid involvement</p> <p>P1.30: plays with tense, controlled movements</p>

				<p>P2.49c; P2.50b; P3.49b: partially rigid involvement</p> <p>P2.31: plays controlled roll</p> <p>AN1.5b; AN3.7a: embodied tension</p> <p>A2.29a: rigid involvement</p>
		Urgent/ haphazard/ strained involvement		<p>P1.9: sense of urgency in tempo increase</p> <p>P1.27c: strained vocal timbre</p> <p>A1.30c: melodically scattered and erratic</p> <p>A1.30a: play erratically over therapist's repeated phrase</p> <p>G2.25b: sways hurriedly</p> <p>G1.5c: plays hurried glissandos</p> <p>G1.19: suddenly plays rapidly</p> <p>G2.16: urgent energy</p> <p>G2.86: strained hum, mirrored by therapist</p> <p>G2.79b: sings with strained vocal timbre</p> <p>GN7.3a: plays haphazardly</p> <p>G3.61c: hurried singing</p> <p>G3.61b: hurried accelerando</p>
		Heaviness		P1.8a; P1.13: gravitas energy
		Withdrawing from communication		<p>AN6.1a: avoiding eye contact in improvisation</p> <p>A1.27: reduced eye contact</p> <p>A3.9: does not make eye contact</p> <p>G1.33b: decreased eye contact</p>
Closeness		Confident/ assertive involvement		<p>PN2.6b; PN5.4b: increased instrumental confidence</p> <p>P1.28a; P1.31b: exclaims determinedly</p> <p>PN4.1a: increased instrumental confidence following incoordination</p> <p>P1.25a; P1.28b; P3.33b; P3.36b: plays with determined confidence</p> <p>PN5.16b: confident autonomy</p> <p>PN1.4a: verbally confident</p> <p>P2.26a: increased confident involvement</p> <p>PN3.1a: increased instrumental autonomy</p> <p>PN4.5b: decreased nervousness</p> <p>PN5.16a: leads section of positive self-statements</p> <p>PN2.5b; PN3.1c: does not seek therapist's permission as much</p> <p>P2.52a: does not follow therapist in final beat</p> <p>PN2.3: expresses disagreement</p> <p>P3.51a: joint strong playing</p> <p>P3.35b: sustained determined playing</p> <p>PN3.5b: active engagement in song-writing</p> <p>PN2.2b: actively engages in song-writing</p> <p>PN4.2: responds confidently to therapist's grounding encouragement</p> <p>P3.7a: shakes shaker loudly as therapist looks at her</p> <p>PN1.7b: confidently incorporates colour into each 3 circles phrase</p> <p>PN1.8b: expresses colour preference of blue</p> <p>P2.42d: plays faster</p> <p>P3.22: shakes louder</p> <p>P3.8a: sings clearly</p> <p>P2.29b: confidently scrapes circles on drum</p> <p>P2.11c; P2.34b: returns to scraping circles</p>

				<p>P2.30c: returns to scraping</p> <p>P2.35: accents therapist's rhythm, while scraping</p> <p>P2.15b: crescendo</p> <p>P2.42c: simplifies rhythm</p> <p>P3.25b: confidently sits up straight</p> <p>P1.32a: stops briefly before reengaging more confidently</p> <p>P2.30a: plays longer roll</p> <p>P3.6a: sits straight and still</p> <p>P3.48a: stops swaying</p> <p>AN1.8b: confidence in own material</p> <p>A1.4a: confident involvement</p> <p>A2.29b: determined confidence</p> <p>AN2.8c: autonomous involvement in song-writing</p> <p>AN1.2b: ownership of her work</p> <p>AN1.2c; AN1.9: perfectionist quality</p> <p>A2.12a: corrects lyrics before continuing with song</p> <p>A3.17b: plays loudly</p> <p>AN5.14b: secretly takes clay from session</p> <p>AN6.9: uses back-to-back improvisation to exert more control</p> <p>AN2.8d; AN2.8f: expresses disagreement</p> <p>A2.40d: joint confident cadence</p> <p>A1.26c: strong instrumental presence</p> <p>AN6.18b: reduced caution</p> <p>A1.32d: plays loud, repeated note</p> <p>AN1.4b: requests dancing</p> <p>A1.21a: stops suddenly</p> <p>A1.32b: sudden ritardando</p> <p>A3.24c: sudden increase in tempo</p> <p>A3.4a: emphasises rhythm</p> <p>A3.7a: decrescendos</p> <p>A2.39: increased vocal dynamics</p> <p>A1.26a; A3.8b: crescendos</p> <p>A3.32b: sudden stop, as therapist continues quietly</p> <p>A3.32a: suddenly sits up straight</p> <p>A2.36a; A3.17a; A3.36b: improved posture</p> <p>G3.59d: plays determined beat</p> <p>G3.62b: drives tempo confidently</p> <p>GN5.13: shows more trust in the space</p> <p>GN7.2a: increased confidence in vocal improvisation</p> <p>GN3.6; GN4.8a; GN5.4a; GN5.5b: increased vocal confidence</p> <p>G3.54b: moves drum down from face</p> <p>GN6.4b: increased confidence to lead</p> <p>GN8.14a: increased confidence</p> <p>GN5.7: expresses more powerful musical behaviour</p> <p>GN4.7b; GN5.6a; GN8.13b; GN8.15: increased musical confidence</p> <p>GN2.9a: confident autonomy in song-writing</p> <p>GN5.1: increased creative confidence</p>
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				<p>GN4.3: confidently teaches a song</p> <p>GN6.4a; GN7.1: increased musical autonomy</p> <p>GN5.2a: increased autonomy in improvisation</p> <p>GN8.13a: autonomous engagement</p> <p>GN2.13b: increased instrumental confidence</p> <p>GN3.13a: reduced tentativeness</p> <p>GN1.11a; GN8.14b; G2.4a; G2.8a: plays loudly</p> <p>G1.7a: plays determinedly in half-time</p> <p>GN8.6: informs therapist when she is finished</p> <p>GN5.3: chooses to play loudly</p> <p>GN3.10: increased ability to lead</p> <p>G1.21a: plays loud glissandos</p> <p>G2.38: opens hum into vowel sound</p> <p>G2.19b: continues strong beat</p> <p>GN2.9b: increased vocal confidence when using her own lyrics</p> <p>G1.4a: confidently plays smooth glissandos</p> <p>G1.1a: plays xylophone confidently</p> <p>G3.27: leans into drum, hitting harder</p> <p>G2.17: leans into strong basic beat</p> <p>G3.57b: sits up straight and confirms lyrics in response to therapist asking</p> <p>GN1.10b: expresses preference of isiXhosa songs over English</p> <p>GN1.10a: expresses colour preference of pink</p> <p>G2.43b: initiates ending</p> <p>G1.40c: plays glissandos with alternating hands</p> <p>G3.59b: continues playing through new words</p> <p>G2.48d: sings vowel sounds again</p> <p>G2.41a: re-engagement</p> <p>G2.11a; G3.65a: sudden stop</p> <p>G1.13; G1.22a: decelerando</p> <p>G1.9a: suddenly brings beater down</p> <p>G2.20a: sudden decelerando</p> <p>G2.1; G3.6: chooses large drum</p> <p>G1.18a: crescendo</p> <p>G1.42b: plays final cadence</p> <p>G1.4b; G1.26: plays cadence</p> <p>G3.67a: sings 'ndiimhle' as therapist leaves space for her</p> <p>G1.42a: plays repeated note energetically on cadence</p> <p>G1.39b: plays consistent basic beat</p> <p>G3.60e: plays bells on off-beats</p> <p>G1.30a: plays single note, as though starting new section</p> <p>GN4.5b: expresses preference for shaker</p> <p>G1.3a: rhythmically even</p> <p>G1.24a: melodically structured</p>
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				<p>G1.17a: plays repeated notes</p> <p>G3.30a: returns to basic beat</p> <p>G2.37b: sings previous melody</p> <p>G2.67: stands up straight</p> <p>G3.13c; G2.19a; G3.28a: sits up straight</p> <p>G2.3b: leans forward</p> <p>G2.56a: remains upright</p> <p>G2.20d: quickly leans down</p> <p>G2.7c: leans into drum</p>
		Autonomy	Towards change	<p>P3.2b; P3.4b: uses song-writing to express personal victory</p> <p>PN5.8a: sees value of therapeutic process</p> <p>PN5.6: use of sonic sketch to mutually identify therapeutic themes of playfulness, sadness, connecting, growth, and nurturing</p> <p>PN5.9a: asks therapist to add drawn symbol of growth to preferred image of client-therapist alliance</p> <p>PN5.9b: adds box to symbol of growth</p> <p>PN5.9c: expresses interpretation of growth symbol as something small having the ability to grow big and pretty</p> <p>PN5.9d: desire to add symbol of growth to image representing client-therapist alliance</p> <p>PN4.9c: expresses desire to listen to herself and those who are good for her</p> <p>PN5.1b: expresses desire to further explore what emerged in sessions</p> <p>PN5.2: expresses desire to explore feelings around parents' deaths</p> <p>PN5.13b: expresses desire to let go of what others say, making fun of her parents' deaths</p> <p>PN5.13a: expresses desire to release sadness surrounding parents' deaths</p> <p>PN5.1a: requests referral to social worker</p> <p>GN8.7b: draws purple cross through shark</p> <p>GN8.11b: draws shark without its jagged edges</p> <p>GN8.2a: expresses desire to chase the beast out of his house</p> <p>GN8.2b: expresses desire to fight the beast</p> <p>GN8.9: engages in symbolic violence towards beast</p> <p>GN8.3a: relentlessly punches the drum as symbol of beast</p> <p>GN8.3b: uses stick to hit drum as symbol of beast</p> <p>GN8.4a: uses pink pencil to stab image of beast</p> <p>GN8.4b: relentlessly stabs beast, breaking pencil</p> <p>GN8.4c: covers beast with pink glitter</p> <p>GN8.5: scribbles over beast with purple screwie</p>

				<p>GN8.11c: draws beast without its nose and mouth</p> <p>GN8.11a: desire to let go of shark and beast</p> <p>GN8.10b: desire to let go of people beating each other</p> <p>GN8.22: releases balloon with what she wanted to let go of</p>
			Resistive/challenging	<p>AN8.6: declines therapist's invitation to express anger differently</p> <p>AN8.9: resists expressing anger differently</p> <p>AN8.7a: prefers to contain anger</p> <p>AN8.7b: does not engage regarding preference to contain anger</p> <p>AN5.15: rejects therapist's offer of clay</p> <p>AN3.6a: resists ending</p> <p>A1.32a; AN6.8b: musically overpowers therapist</p> <p>AN3.5: unresponsive to therapist's invitation</p> <p>AN6.5a: self-directed playing</p> <p>GN7.8b: declines referral to social worker</p> <p>GN5.12b: resists ending</p> <p>GN6.6; GN7.6a: resists musical intimacy</p>
		Leading		<p>P2.5: structures the rhythm, followed by therapist</p> <p>P3.45d: chooses words for therapist to sing</p> <p>P2.33: sudden stop followed by therapist</p> <p>P2.29a: plays roll followed by therapist</p> <p>PN3.2a: leads simple improvisation</p> <p>A1.33: leads cadence</p> <p>AN1.4a: actively directing</p> <p>AN1.8a: initiating own repetitive material</p> <p>A2.35: leads direction of song, following therapist's invitation</p> <p>A1.23b: leads improvisation into vibrant rhythm</p> <p>G2.58: makes fly-swatting action, followed by therapist</p> <p>G2.44: initiates start</p> <p>G1.7b: initiates pause</p>
		Seeking communication	Making eye contact/smiling	<p>P3.31b: looks briefly at therapist</p> <p>P3.20: smiles briefly at therapist before looking away</p> <p>P2.45b: returns therapist's eye contact</p> <p>P1.33; PN5.15c: increased eye contact</p> <p>P1.1b; P2.4; P2.21d; P3.15; P3.41a: makes eye contact</p> <p>P3.16; P3.52a: smile at each other</p> <p>A1.3; A1.18; A1.21b: looks at therapist</p> <p>G1.4d; G2.15c; G2.33a; G2.39c; G3.7b: makes eye contact</p> <p>G1.35b: increased eye contact</p> <p>G1.38c: makes eye contact when therapist plays variation</p> <p>G2.51: stands up straight, making eye contact</p>

				G1.30b; G2.3a; G2.21a; G2.56d; G2.87b; G3.13d; G3.32b: maintains eye contact G1.28a; G1.43b; G2.88b; G3.56c: grins at therapist
			Non-musical interaction	PN1.3: talkative PN3.3: interactive throughout session PN4.13b: interactive involvement PN5.7: describes joint process as 'lovely work' PN2.9: active involvement AN8.18a: increased interactional stability AN6.18c: increased verbal interaction AN2.1a: increased interaction AN2.8e: agreement following mutual negotiation AN3.6b: seeks connection AN4.9a: increased verbal interaction using symbolism GN1.1a; GN1.13; GN2.14: friendly GN1.6a: interacts easily GN1.7a: two-way interaction GN1.7b: accommodating of therapist
		Focused		P2.28: focuses intently on therapist P2.36b: focuses intently on own hands P3.11c; P3.13b; P3.24: focuses intently on lyrics P3.10a: reads lyrics PN3.5c: increased focus P1.17: focuses intently on own playing P1.6a; P1.21b; P1.26b; P2.17b; P2.24: focuses intently on therapist's playing P2.43b: focuses intently on therapist's hands P3.8b: alternate looking at instruments and each other P3.18: alternates between looking away and smiling at therapist A1.16a: determined concentration A2.34: looks at lyrics while playing an instrumental section A2.7b; A2.26a; A2.30: reads lyrics AN6.4b: interest in therapist's contribution G1.32b: alternates focus between therapist and xylophone G1.2: focuses intently on own hands G2.61: focuses intently on own hand G2.74a: focuses intently on therapist G1.39a: looks down at xylophone G3.28b: focuses intently on bells on wrist G1.16; G1.38a: focuses intently on xylophone G1.5b: focuses on xylophone
		Energetic/ bright/vibrant involvement		P1.5a; P2.27a; P2.44a; P3.44; PN1.1a: bright presence P2.18; P2.38b: increased bright presence P3.27: laughs brightly in response to therapist's choice to sing 'I am strong' P2.2; P2.32; P3.28: surging energy

			<p>P3.41b: vocal surge  P1.27a: surging energy following therapist's variation  P3.45c: joint driving energy  P3.48b: shakes shaker vigorously  P2.25a: plays double-time  P2.41b: plays quick descending scale  P2.41a: plays jumping melodic contour  P1.7a; P2.16; P2.23b; P3.14; P2.30b: increased energy  P3.31a: maintains energy  A1.4d; A1.14b; A1.26b; A1.32e; A3.16;  A3.19a: bright presence  A1.25a: vibrant presence  A1.9a; A1.28a; A2.27a; A2.31a; A2.40a;  A3.13b: surging energy  A1.9b: uses xylophone to play a repeated surging melodic phrase  AN6.8a: drives the music  A2.40b: increased instrumental dynamics  G1.3c; G3.17a; G3.36b; G1.38b; G1.40b;  G2.78b; G3.19a; G3.45b; G3.60b; G3.64b: bright presence  G3.11c: vibrant vocal presence  G2.14; G3.36a; G3.59a: surging energy  G3.24; G3.31: plays loud, driving double-time beat  G1.10; G1.12: tumbling energy  G2.65b: choppy energy  G3.20: choppy vocal playfulness  G2.64b: increased vocal sharpness  G2.2b: plays explosive ornamented basic beat  G2.43a: shakes shaker vigorously  G3.26b: shakes bells vigorously  G2.75: shakes forcefully  G2.10b: explosive energy  G1.6a: plays explosive variation on earlier rhythm  G2.60: shake shakers vigorously together  G1.14a; G2.9: plays fast basic beat  G1.36; G2.7a; G2.13a; G3.22a; G3.60a: plays double-time  G1.21b: returns to quick basic beat  G2.76: play double-time  G3.61a: reverts to double-time  G1.3b: melodically scattered  G3.33b: brief return to energetic double-time beats  G2.34; G2.56c; G2.72: continuous shaking  G2.10a; G2.41c; G2.48c; G2.55a; G3.62a;  G2.84b: increased energy  G2.87c: maintain energy  GN7.6d: increased musical energy  G3.33a: plays energetic half-time beat</p>
		Expressions of enjoyment	<p>P2.21c: smiles  PN2.7b: enjoys movement  PN1.2c: enjoys singing familiar songs  P3.6b: smiles broadly  P3.32: smiles at balloons on ceiling  P1.1c; P1.6c; P1.34b; P2.8; P2.17a; P2.42b  P2.52c; P3.12; P3.21d; P3.43a: expressed enjoyment  PN4.7: expresses enjoyment of working together following therapist's expression of enjoyment  PN5.5: expresses pleasure in response to therapist's acknowledgement of musical changes over process  PN2.4: expresses satisfaction with the final song  PN4.5c: joint expressed enjoyment  A2.26b: smiles  A2.21a: expressed enjoyment  AN1.10b: enjoys expressive arts  AN7.1a: expresses enjoyment when dancing  AN5.1b: momentary expressions of enjoyment  AN2.9: expressed enjoyment of song-writing  AN1.4c: enjoys expressive arts  AN5.13: enjoys drum  GN2.12: expressed enjoyment of song-writing  G2.11b; G2.25a; G2.43c; G3.40b: grins</p>

			<p>G2.40b: laughs  G2.3c: smiles  G3.48b: grins at ceiling  G1.44; G2.2a; G2.20b; G2.49b; G2.70c;  G2.71d; G2.89d; G3.13e; G3.29b; G3.70b:  expressed enjoyment  GN3.11: enjoys being loud  G3.67b: joint expressed enjoyment  GN1.2: appears happy  G2.56b: joint laughter  GN8.12a: responds positively when  therapist observes that the beast can no  longer speak  GN8.12b: responds positively when  therapist observes how client's voice has  grown  GN8.16: pleased with therapist's reflections  of client's changes in engagement</p>
		Partially following	<p>A3.25: partially mirrors therapist's new  material  A2.23: plays softly against therapist's  stronger playing  A3.1a: plays drum quietly against therapist's  louder playing  G2.69a: sings loud vowel in response to  therapist's quiet vowel  G2.26: hums energetically in response to  therapist's gentle hum  G2.70a: repeatedly sings loud vowel in  response to therapist's soft vowel  G2.53a: mirrors therapist at higher pitch  G2.88a: partially follows therapist in roll</p>
		Following	<p>P2.49a: follows therapist's increased energy  after losing focus  P2.45a: reduced physical expressiveness  following therapist  P3.43c: sings, following therapist  P3.49a: mirrors therapist's emphasised  swaying  P3.47: gently mirrors therapist's swaying  P2.13: shakes shaker once as therapist  initiates new rhythm  P3.17: matches therapist's rhythm after brief  stop  P2.51a: follows therapist in sudden stop  P2.22b: picks up drumstick following  therapist's non-verbal invitation  P3.21b: follows therapist's rhythm  PN4.3a: uses therapist's suggestion to  return to basic beat when losing the rhythm  P1.26a: acknowledges therapist's  suggestion to return to basic beat when lost  P1.20: begins playing again after non-verbal  invitation from therapist  P3.21a: stops after making eye contact  P2.1b: rhythmically unstructured scraping  A2.40c: joins therapist in rhythmic variation  AN6.10a: driving followed by adaptation to  therapist's beat  A3.34a: plays rhythmic variation, following  therapist  A3.31: slows and fades gradually, following  therapist's lead  A3.3a: increased instrumental dynamics  following therapist's musical invitation  A1.22c: joins therapist as she plays a trill  AN1.5e: able to copy therapist's playing  A3.28a: echoes therapist's new material  A1.2a: follows therapist in turn-taking  GN1.7c: mostly follows therapist's ideas  G2.21b: echoes therapist's beat playfully on  cymbal  G3.45a; G3.66: joins therapist as she sings  new lyrics  G2.68: copies therapist's motion to be quiet  G2.89a: follows therapist in suddenly  snatching stick up  G2.73: joins therapist in vocal and shaker  rhythm  G3.44a: joins therapist in singing hook  GN7.15b: accepts therapist's suggestion to  include theme of personal strength  GN2.11: agrees to therapist's suggestion to  add a positive line</p>

			<p>G2.29a: raises pitch to match therapist  G1.32a; G1.37a: joins therapist's rhythm  G2.23b: sways in time with therapist  G2.63: copies therapist's loud shout  G2.69b: adapts to therapist's volume  G2.71b: snorts in response to therapist's invitation to make a strange sound  G2.48b: follows therapist's shaking  G2.48a: follows therapist's stop  G3.29a: quickly re-engages following therapist's suspension  G2.80b: stops briefly on therapist's suspension, before re-engaging vocally  GN3.8b: follows therapist's music  G2.79a: follows therapist singing ascending scale  G2.49a: follows therapist's accelerando  GN7.6b: joins therapist in more intimate music  G2.74b: matches therapist softly  G2.83d: joins therapist's pitch  G2.46a: follows therapist to using vowel sound  G3.15: follows therapist in mirroring 'drifting away' with movement  G3.16a: follows therapist's embodied and vocal suspension  G2.33b: follows therapist's humming and shaking  G2.81a: joins therapist's increased animated expressiveness  GN1.5a: able to follow therapist's music  G1.29: plays sudden final cadence in response to therapist's non-verbal invitation  G3.41: giggles and nods at therapist's suggestion of 'ndinamandla'</p>
		Mutual musical interaction/ investment	<p>P3.26: energetically joins therapist, singing and playing 'lovely'  P3.45b: accelerando  PN2.7a: engages in singing  P1.32b: joint cadence  P3.52d: joint ending after therapist's suspension  P3.39b: sings with therapist  P1.31c: returns to basic beat with therapist  P2.47b: joint quick basic beat  P2.50a: accelerando into joint roll  P3.52b: joint repetition of last line  P3.7b: being singing together  P3.33a: joint suspension  P2.36a: continues to accent therapist's rhythm  P2.45c: plays in therapist's rests  P2.15a: brief rest  P3.35c: short suspensions on first syllable  P3.51c: joint stillness  P2.46a: continuity of turn-taking  P3.35a: joint extension of song to repeat 'victorious'  PN4.3b: engaging in interlocking rhythms  A3.11a: joint musical pause  A3.29a: slows and fades  A3.24b: fades the music  A3.35: joint cadence  A2.27b: joint crescendo  A2.17: joint emphasis of rhythm in chorus  A2.28: joint suspensions in chorus  A1.22b: turn-taking  A2.7a; A2.22: begin singing together  A2.6a: swaying together  AN6.10b: co-created rhythm  A2.31b: joint increased musical involvement  AN8.12b: increased musical interaction  AN6.11: increased cohesion  A1.28b; A1.31: jointly driving the music  G2.55b: joint energetic glissando  G2.41b: shakes shaker in time to hum  G2.87a: add vowel sound to beginning of phrases  G2.49d: sudden stop  G1.41a; G2.57a: decelerando</p>

			<p>GN5.4b: engaged in vocal improvisation  G2.78a: hit drum together on first beats  G1.41b; G1.45; G2.89b: joint cadence  G2.53b: joint crescendo  G2.59: brief turn-taking on fly-swatting action  G3.9: begin singing client's song together  G2.71c: turn-taking with strange sounds  G3.21a: joint mirroring of vocal emphasis on drums  G2.37a; G2.47a: joint re-engagement  G2.49c: joint vocal glissando  GN7.5a: engages in turn-taking  G2.45: standing still  G3.12: joint swaying  G2.23a: stand facing each other  G2.64a: turn-taking on loud shouts  GN3.9: able to engage in turn-taking  G3.14: joint increased physical expressiveness  G3.61e: joint embodied suspension  G3.61d: joint emphasised suspension on 'drifting away'  G3.16b: joint embodied accelerando</p>
		Gentle/calm/ relaxed involvement	<p>P3.9b: uses a clear, soft voice  P3.52c: sings softly  P2.1a: scrapes drum quietly with therapist  P2.12; P3.9a; PN2.1a: relaxed involvement  P1.7b: increased relaxed involvement  PN5.14: calm presence  A2.9b; A3.2a: relaxed posture  A3.26a; A3.34b: quiet turn-taking  A2.6b: taps tambourine gently  A3.33: taps drum quietly, answered by therapist  A3.36a: quietly taps final beat  G2.82b: dances gently to the beat  G2.82a: sings softly but clearly  G3.13a: sings softly but audibly  G2.85a: sings softer than therapist  G3.52: gently taps drum as therapist begins to sing 'ndiimhle'  G1.9b; G1.15b: plays soft glissandos  G3.34a; G3.35a; G3.64a: relaxed participation  GN7.6c: embodied gentleness  G3.70a: sustained soft vocal cadence  G3.54a: quietly sings 'ndiimhle' alone  G2.24: quietly holding egg shakers</p>
		Smooth/ resonant involvement	<p>G1.40d: plays quickly and smoothly  G3.21b: vocally smooth  G1.23: plays xylophone with ringing quality  G3.69: resonant cadence</p>
		Vulnerability	<p>PN3.6a; PN5.12b: misses her parents  PN1.9a: uses 3 circles activity to express sadness at memory of mother  PN1.10a: uses 3 circles activity to express sadness at memory of parents' deaths  PN1.9b: uses red to represent her mother's death  PN1.10b: uses black to represent parents' death  PN1.11a: cries at memory of parents  PN1.8a: uses 3 circles activity to associate 'happy' with not being hurt  PN4.8b: expresses sadness at people gossiping  PN4.6: quietly acknowledges therapist's reference to her experience  PN2.2a: uses lyric analysis and song-writing to express current feelings  PN1.7a: uses 3 circles activity to write down current feelings  P1.31a: expresses frustration following sudden stop  P1.24: expresses frustration  PN5.8b: expresses that she will miss therapist</p>

				<p>PN5.12c: records affection for therapist</p> <p>A1.34a: momentary expression of sadness</p> <p>AN2.1b: disclosure of abandonment and associated feelings</p> <p>AN2.4b: terms abandonment as having been 'lost' by mother</p> <p>AN3.1c: extended period of crying</p> <p>AN3.3: gentle crying</p> <p>AN2.5: disclosure of being lost by her mother</p> <p>AN6.14a: disclosure of thinking her grandmother was her mother</p> <p>AN6.14b: disclosure of later discovering her birthmother lost her</p> <p>AN2.6: ashamed of having been lost</p> <p>AN6.14c: expresses sadness at being lost by birthmother</p> <p>AN6.18a: increased disclosure</p> <p>AN6.17b: puts symbol of comfort next to symbol of sadness</p> <p>AN6.15a: transforms clay to express feelings around being lost</p> <p>AN6.15b: creates broken heart to symbolise sadness of being lost</p> <p>AN6.13b: symbolises mother as a red snowman</p> <p>AN4.2c: sad response to small representation of self</p> <p>AN3.1b; AN3.8b: expresses sadness remembering home</p> <p>AN3.7c: used the space to cry about home</p> <p>AN3.4: remains still while crying</p> <p>AN8.4: represents sadness with quiet uncertainty</p> <p>A1.20a: brief musical intimacy</p> <p>AN7.1b: becomes still when therapist acknowledges client's experience</p> <p>AN8.3b: used improvisation to express negative and positive emotions</p> <p>AN2.8a: uses lyric analysis and song-writing to express current feelings</p> <p>AN8.8: acknowledges fear of being disliked for expressing anger</p> <p>AN8.5b: agrees that her anger feels like it is grinding</p> <p>AN8.5a: represents anger as slow and grinding</p> <p>GN6.3; GN7.9: importance of brother</p> <p>GN6.7: increased verbal openness</p> <p>GN7.7a: becomes still when therapist acknowledges client's experience</p> <p>GN7.8a: acknowledges therapist's reference to her experience</p> <p>GN5.11: used improvisation to express negative and positive emotions</p>
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## THEME 2: CAPACITY AND DESIRE TO EXPLORE

SUBTHEME	SECONDARY SUBTHEME	CATEGORY	SUB-CATEGORY	CODES
Difficulties exploring		Difficulty exploring identity		AN4.2a: difficulty representing self AN4.2b: distanced from representation of self AN4.3b: cannot identify what might better represent her
		Inconsistency		GN2.8: inconsistent emotional expression between lyrics and happy presentation GN3.12a: musical loudness contradicts non-music presentation G3.32a: her playing drowns out her voice
		Challenges with symbolism		AN4.6a: symbolism as a new experience AN5.8: has difficulties with symbolism
Exploration	General	Representational development	Increased ability for self-representation	AN7.2a: increased ability to symbolise herself in different ways AN8.11: increased ability to express positive self-regard AN8.18b: increase in positive expressions of self AN8.1a: able to draw a more realistic representation of self AN4.4c: more easily represents self through colour symbolism AN7.4a: increased ability to talk about and represent self through symbolism AN4.6b: more confident representation of self through symbolism AN7.4b: increased ability to use positive self-statements AN8.1b: increased confidence in representing self
		Exploration and awareness	Exploring identity	PN3.7: uses sentence-completion activity to express personal strengths and weaknesses P3.2a: uses song-writing to acknowledge weakness PN4.10: uses drawing to represent herself next to large red flower AN6.13a: symbolises self as blue pizza AN7.2b: uses drawing to symbolise self as a red flower AN4.4b: symbolises self with the colour blue A2.3c: uses song-writing to express feelings of weakness AN1.5c: creates colourless drawings AN2.8g: prefers monotonous melodic range GN4.7a: uses drawing and singing to explore age-related identities GN3.3: uses voice as symbol of social identity

				<p>GN3.4: use of different singing voices to explore preferences</p> <p>GN5.9b: includes perceived positive and negative attributes</p> <p>GN4.1b: uses improvised music and song to represent important aspects of each life stage</p> <p>GN4.1a: uses drawing to represent self at different stages of life</p> <p>GN2.5: uses lyric analysis and song-writing to record meaningful lyrics from existing songs</p> <p>GN2.7b: chosen lyrics contain similar themes</p>
			Awareness of specific aspects influencing identity	<p>PN4.11: identifies positive own/other descriptions of self</p> <p>AN2.4a: recognises abandonment has shaped her identity</p> <p>AN7.5: importance of physical appearance</p> <p>AN8.2a: identified own/other descriptions of self</p> <p>GN2.4a: awareness of childlike aspect of current social identity</p> <p>GN5.8: identified own/other descriptions of self</p>
		Increased symbolic engagement		<p>AN4.4a: engages symbolically with colour</p> <p>AN6.12: increased ability to use clay symbolism</p> <p>GN6.1b: increased ability to use symbolism</p>
		Musical development/individuality/variation		<p>PN5.15a: increased musicality</p> <p>PN3.4: extends song</p> <p>P1.29: plays rhythmic variation</p> <p>PN4.1c: increased musical creativity</p> <p>PN1.6a: improvisational individuality</p> <p>PN2.5a: increased instrumental engagement</p> <p>PN5.3a: increased technical proficiency</p> <p>P3.34: adds upbeat to repeated phrase</p> <p>P2.43a: maintains rhythm</p> <p>P2.7: structured rhythm</p> <p>P1.18: returns to basic beat after losing the rhythm</p> <p>PN2.6a: increased instrumental exploration</p> <p>P1.10; P1.23a: rhythmic variation</p> <p>P2.19a: plays drum and shaker to play musical variation</p> <p>PN4.3d: increased instrumental flexibility</p> <p>P1.3b: extends rhythm</p> <p>P3.42b: loses beat briefly before re-engaging</p> <p>P2.9b: extends therapist's rhythm</p> <p>PN4.1b: maintains complimentary rhythms</p> <p>P2.47a; P2.48: maintains rhythm as therapist plays variation</p> <p>P2.40: elaborates her rhythm while therapist supports with basic beat</p> <p>P1.22: plays simple rhythm along to therapist's supporting rhythm</p> <p>PN5.3b: increased musical flow</p> <p>P3.9c: musically stable</p> <p>PN3.1b: continuity on drum</p> <p>PN3.2b: instrumental continuity</p>

				<p> P2.23a: continuity  PN4.3c: increased ability in adapting to therapist's tempo changes  P3.41c: plays quick basic beat, to therapist's rhythm  PN1.2a: musicality  PN5.15b: increased ability to anticipate changes in energy in different sections of her song  P2.37: elaborates her accent of the therapist's rhythm  P2.50c: plays unmeasured roll, following rigid involvement  A3.5: increased dynamics as therapist decreases dynamics  A1.2b; A1.4b; A1.5; A1.22a: uses her turns to contrast therapist's music  A1.14a: elaborates melodic phrase, following therapist's simplification  AN8.13c: increased musical continuity  AN8.12a: increased musical stability  A2.37b: increased vocal dynamics  A3.11b: hits drum with fists  AN8.12c: decreased perseverance  AN6.2: increased creativity sitting back-to-back  A2.18: elaborates xylophone rhythm  AN6.3b: increased variation in instrumental use  AN8.13a: ability to engage in longer improvisations  AN6.4a: increased exploration of instruments  A1.17: extends repeated phrase  A3.15: variation in rhythm and timbre  AN6.6b: increased musical exploration  A3.11c: uses fist in a rhythmic variation  AN8.12d: extends her characteristic rhythmic theme  AN8.14a: increased musical creativity  A3.12: complex interlocking rhythm  A3.13a: musical cohesion  A1.23a: extending trill in unison  AN6.5b; AN8.13b; AN8.14b: increased two-way musical interactions  A1.19a: explores new melodies against therapist's pedal point  A1.7a: joins therapist's rhythm with a complimentary rhythm  A1.12: musical flow  A1.24: plays intricate vibrant rhythm, as therapist provides grounding  A3.14: rhythmically secure  A3.22: musically flowing following therapist's adaptation  A2.13: sings and sways in time, following physical incoordination  G2.83a: sings downwards melodic contour as therapist sings upwards  GN7.3b: engages creatively  G2.27: hums for short periods against therapist's longer hums  G3.63b: musical continuity  G3.55a: increased vocal strength  GN7.15a: extending personal song in first person  GN5.2b: simple individualised creativity  GN5.12a: extends improvisations  GN5.14c: increased musical flexibility  GN2.13a: increased musical variation in improvisation  G1.11a: plays fast variation on earlier rhythm  G2.6: rhythmic variation  G1.6b: plays melodic variation  G1.11b: increased melodic variation  G1.14b; G2.5a: elaborates her beat  GN6.4c: increased technical ability  G2.40a: hums rhythmic variation  G1.33a: increased involvement  GN1.3a: musical  GN7.5b: increased mutual musicality  G1.20: plays slower rhythm against therapist's quick rhythm  G2.42a: sings steady rhythm against therapist's variation </p>
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			<p>G2.77: prepares to use drumstick offered by therapist while maintaining beat  G1.18b: continuity  GN5.14a: increased vocal fluidity  GN4.9a: increased improvisational continuity  GN7.4: reduced haphazardness following period of improvisation  G1.25: musically emotive  G2.35: hums variation on therapist's melody  G3.10a: plays main beat in time on drum  G3.56a: plays on side of drum  G2.78c: continue singing and shaking</p>
		Movement extension	<p>P1.5b; P1.6b; P1.11b; P1.21c; P1.25b; P2.15c; P1.34a; P2.6; P2.25b; P2.26b; P2.44b P2.49b; P3.29; P3.36a; P3.48c: increased physical expressiveness  PN5.4a: improved coordination  PN2.7d: engages in free movement  PN2.7c: uses movement to lead and follow  A2.9a: physical expressiveness  A3.8c: momentary increase in physical expressiveness  A1.10; A1.22d; A2.16; A2.25; A2.37a; A3.4b; A3.19b: increased physical expressiveness  G2.4b; G2.28; GN2.10: physical expressiveness  G3.65b: continues physical expressiveness  G1.15a; G1.17b; G1.40a; G2.8b; G2.13b; G2.18; G2.32c; G2.52b; G2.64c; G2.69c; G2.81b; G2.84a; G3.22b; G3.18b; G3.26a; G3.30b; G3.37b; G3.58a; G3.59c; GN5.14b: increased physical expressiveness  GN8.17: increased technical proficiency in dance  G3.35b: increased physical embodiment of 'drifting away'  GN4.9b: improved coordination  GN8.19: uninhibited movement</p>
		Humour	<p>P2.52b: twists to cadence humorously on cymbal after therapist  PN4.5a: humorous moments in improvisation  A2.15: brief joint laughter  G3.8: giggles as therapist raises eyebrows  G2.62: joint laughter as client drops and retrieves her shaker  G3.53: nods and giggles as therapist checks word  G3.63a: laughs when therapist gets her hair in her face  G2.22: joint explosive laughter  G2.80a: laughs as therapist almost drops shaker</p>
		Animated/playful involvement	<p>P3.43b: increased animated expressiveness  PN1.6b: musically playful  P2.46b: playful turn-taking  P1.8b: playfulness  A2.20b; A2.24a: animated expressiveness  A1.15a; A3.3b; A3.8a; A3.18; A3.27: increased animated expressiveness  A1.8a; A3.10b: partially bright presence  G3.34b: plays gentle animated suspension  G1.4c; G1.43a: animated expressiveness  G1.33c; G2.54; G2.65a; G2.70b; G2.71a; G3.60d; GN4.8b: increased animated expressiveness  G3.37a: joint increased animated expressiveness  G3.23: joint repetition of phrase with increased animated expressiveness  G1.8: smooth animated expressiveness  G3.40c: swishes head  G3.18a: vocally playful</p>

			<p>GN1.12a: playful  G3.19b: plays with warm instrumental presence  G3.49c: shakes head dramatically  G2.89c: snatches stick back to shoulder  G3.60c: reverts back to animated half-time  G1.35a: musically playful</p>
	External	Contextual and familial identity	<p>PN3.6c: refers to house mother as mom  PN3.6b: refers to current home as home  AN3.1a; AN3.8a: importance of previous home  AN3.9: uses older and younger female figures to represent home  GN7.10b: importance of home, going to town, buying food and clothes, and returning to safety and sisters  GN4.2b: sings about going to town and buying food at current age  GN7.10a: uses story-telling to express daily activities  GN5.10: uses isiXhosa to record labels  G3.3: uses song-writing to express that she is lucky, even after the challenges</p>
		Negative given identities	<p>AN8.2b: disclosed that sometimes others say she is an 'ugly girl'  GN2.2b: others treat her like a child</p>
		Exploration of external features	<p>PN3.5a: uses song-writing to express gratitude for her current situation  AN6.17a: symbolises friends as a green ball  AN5.9: symbolises positive aspects with blue and yellow  GN7.12: uses improvisation to express 'safe' and 'unsafe'  GN8.1a: uses sonic sketch to symbolise positive and negative themes  G3.1b: uses song-writing to express remembering someone constantly</p>
		Positive or safe external/environmental features	<p>P3.1: uses song-writing to express external source of light  P3.4a: uses song-writing to express the heavens opening  PN5.12d: records her love of God  AN4.8c: uses song-writing to express importance of peer support  A2.2: uses song-writing to express importance of friends to her well-being  AN6.16: finds comfort in friends  AN2.3b: expresses importance of laughing with friends  A2.14: uses xylophone to represent friends, following therapist's reminder  A2.3a; AN4.8b: uses song-writing to express how she finds strength in laughter  AN4.7b: uses song-writing to represent current home as safe  A2.1: uses song-writing to express feelings of safety, peace, and trust in current home  AN4.8a: uses lyrics and colour symbolism to represent peace of current home  AN4.7a: uses song-writing to express feelings of peace and safety  AN2.8b: song-writing expresses feelings of safety and hope  A2.4: uses tambourine to represent feelings of safety in song  AN4.5: symbolically surrounds self with strength and peace</p>

				<p>AN5.7; AN5.10: uses song-writing to express experiences of safety and strength in daily life</p> <p>AN5.12b: uses instruments to symbolise aspects of safety, strength, and friendship</p> <p>GN7.13b: uses improvisation to express safe as confident and stable</p> <p>GN8.8a: draws helpful, protective dolphin</p> <p>GN8.8b: associates dolphin with protective housemother</p> <p>GN7.11a: identifies 'inside the yard' as safe</p> <p>GN7.14: adapting known song to express going to the safe place</p>
		Negative or unsafe external/environmental features		<p>P3.3b: uses song-writing to express chaos</p> <p>P3.3a: uses song-writing to express mountains falling on her</p> <p>GN7.13a: uses improvisation to express unsafe as uncertain and frantic</p> <p>GN8.7a: uses drawing to represent a dangerous shark</p> <p>GN8.1b: uses drawing to represent a bad beast</p> <p>GN8.1c: expresses the beast has a dirty house</p> <p>GN7.11b: identifies 'outside', 'strangers', and 'tavern' as unsafe</p>
	Personal	Dissatisfaction and expressed preferences	Dislike/rejection of identities	<p>AN8.16b: expressed desire to release negative labels of judgement and being called ugly</p> <p>GN4.6: expresses dissatisfaction with current identity</p>
Desired future/past identities			<p>PN4.8a: expresses desire to become a social worker and help people in need</p> <p>GN4.2c: expresses desire to become a 'nice' teacher</p> <p>GN4.5a: expresses preference for childhood identity</p>	
Childlike presentation			<p>GN1.12b; GN2.1b: acts young for her age</p> <p>G3.13b; G3.55b; GN1.4b: childlike vocal quality</p> <p>G2.85b: squeaky vocal quality</p> <p>GN4.2a: uses childhood songs to express playing in childhood</p>	
Desire to be older			<p>GN2.2c: expresses displeasure at child-like vocal quality</p> <p>GN2.2a: expresses displeasure at being treated like a child</p> <p>GN2.2d; GN3.2: expresses sadness at being treated like a child</p> <p>G3.4: uses song-writing to express sadness at being called little</p> <p>GN8.10a: expresses desire to let go of being called little</p> <p>G3.25: beats drum briefly with fist on 'people say that I'm little'</p> <p>GN2.1a: expresses desire to transition from girl to woman</p>	

				<p>GN3.1a: expresses desire for grownup voice</p> <p>GN2.3: expresses desire to be taken more seriously as an adult</p> <p>GN2.4b: expresses desire for an adult social identity</p> <p>GN3.12b: musical loudness relates to desire to be seen as adult</p> <p>GN3.5: sings deeper in 'adult' voice</p> <p>GN4.4: ability to enact perceived mature role</p> <p>GN3.1b: believes she will be treated like a grownup if she has a bigger voice</p> <p>G3.5b: uses song-writing to express that she will sing like a grown-up voice</p> <p>GN3.7: uses song-writing to express feelings of being treated like a child</p> <p>G3.5a: uses song-writing to express desire to be a grown-up</p> <p>GN5.6b: associates loudness with being a grownup</p> <p>G3.30c: plays drum in multiple new ways when singing about being a grown-up</p> <p>GN4.2d: teaches song to therapist 'student'</p> <p>GN6.1a: engages in a more adult manner</p>
		Expressions of confusion/aimlessness		<p>GN2.7a: uses song-writing to express aimlessness and confusion</p> <p>G3.1c: uses song-writing to express that she is drifting away</p> <p>G3.1a: uses song-writing to express confusion</p> <p>G3.2: uses song-writing to acknowledge she has made mistakes</p>
		Self-affirmation		<p>PN4.14: incorporating positive self-statements into song</p> <p>P3.5: uses song-writing to express that she is lovely, strong, happy, special, curious, and proud</p> <p>P3.38b: chooses to sing 'I am special'</p> <p>PN4.9a: expresses that she would not change anything about herself</p> <p>P3.45a: chooses to sing 'I am curious'</p> <p>P3.40: chooses to sing 'I am strong' without prompting</p> <p>P3.42a: chooses to sing 'I am proud'</p> <p>PN5.12a: records positive self-statements about being strong and special</p> <p>PN4.9b: expresses pride in herself</p> <p>PN5.11: expresses pride in self, related to ability to sing, write songs, draw</p> <p>PN5.10: expresses that she has grown 'beautiful' during the process</p>

			<p>AN7.3b: sees herself as a beautiful red flower</p> <p>AN8.16a: recorded positive self-statements of beauty, joy, strength, and intelligence</p> <p>AN8.10: significance of feeling good about herself</p> <p>AN8.3a: enjoys feeling glad about herself</p> <p>AN8.2c: own/other descriptions of self as beautiful, happy, and bright</p> <p>A2.3d: uses song-writing to express feelings of strength</p> <p>A2.21b: uses drum to represent strength, without being reminded</p> <p>AN7.3a: discusses how her friends compare her beauty to a red flower</p> <p>GN8.21: uses song-writing to record positive 'I' statements</p> <p>GN7.15c: uses song-writing to express 'I am beautiful'</p> <p>GN8.20: records positive 'I' statements about singing, being loved, special, wonderful, and friendly</p> <p>G3.51a: confidently suggests 'ndiimhle'</p> <p>G3.56b: adds words to 'ndiimhle' that retain the meaning</p>
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