

Mini-dissertation in partial fulfilment of the  
requirements for the degree MMus (Music Therapy)

**An exploration of how adult patients in a private mental health care  
facility experience singing in a group music therapy intervention in  
relation to their well-being**

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## DECLARATION

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## VERKLARING

Volle naam : **Inamari Heuer**

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Titel van proefskrif/verhandeling/mini-verhandeling:

**Die verkenning van hoe volwasse pasiente in 'n privaat geestes gesondheid omsien  
fasiliteit groep sang ervaar tydens 'n musiek terapie groep intervensie in  
verhouding tot hul welstand.**

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Yeshua, my Lord and saviour, my constant provider in all areas of life.

## ABSTRACT

This study was situated in a private mental health care facility in South Africa. It explored the participants' experience of being sung to and actively singing in a group music therapy setting. It also explored the impact of singing on the well-being of adult mental health care patients.

This study used secondary data to analyse the responses to two questions from a qualitative questionnaire anonymously completed by 134 participants. The data were analysed by using thematic analysis and nine themes were identified: presence and voice of therapist; experience of song choice and content; experience of collective singing during adapted GIM; freedom of participation; strengthening and upliftment; relaxation and grounding; emotional regulation and expression; self-reflection and introspection; and a new experience.

The emerging themes from the data source highlighted how the participants experienced the act of singing as influencing their physical, emotional/psychological, social, and spiritual areas of well-being. It also emphasised the importance of a well-trained and skilled music therapist. The analysis further revealed how carefully chosen songs and lyrical content can bring about an experience of strengthening, upliftment, relaxation, emotional regulation, expression, and enjoyment, all of which are powerful and profound affordances towards the well-being of patients with mental illness.

**Keywords:** Music therapy; Adapted GIM; Singing; Mental health; Adults; Group Music therapy; Well-being

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## CHAPTER 1 INTRODUCTION

### 1.1 BACKGROUND AND CONTEXT

Coming from a family of therapists, I have always been curious about, and interested in the field of mental health. Through the years, I have become an advocate for people who suffer from mental illness. Moreover, my own experiences have caused me to view being mentally healthy as just as important, if not more important than being physically healthy.

Before undertaking my studies in music therapy, I was a counsellor working with parents and children at a primary school. Due to my love for music, I occasionally used it as a tool in my counselling sessions. With my rudimentary knowledge of using music in counselling sessions, I experienced how music can act as a catalyst for emotional expression at times when verbal communication is limited. I have also seen how music can be used as a tool for children and adults who struggle with anxiety. I thus wanted to explore the role of music therapy in the field of mental health as the broader focus of my research.

Music therapy is defined by Bruscia (1991, p. 5) as an “interpersonal process in which the therapist uses music and all of its facets – physical, emotional, mental, social, aesthetic and spiritual – to help clients to improve, restore or maintain health”. Music therapy has been studied in the field of mental health by various music therapists (Gold et al., 2013; Gutiérrez & Camarena, 2015; Solli, & Rolvsjord, 2015). Moreover, it has been studied in terms of individual and group music therapy (Erkkilä et al., 2011; McCaffrey et al., 2011; Hayashi et al., 2002; Skewes, 2002). In South Africa, two studies have been published on music therapy in the field of mental health within the public sector. Paul et al. (2020) studied individual music therapy for patients with Major Depressive Disorder or Acute Phase Schizophrenia Spectrum Disorder, while Muirhead (2017) studied group music therapy as an intervention for the negative symptoms of schizophrenia in forensic adult clients in a public psychiatric hospital. There is currently no published music therapy research in the context of private mental health care in South Africa. Having studies situated in both the private mental health sector and public could provide a better overall scope of research within the field of music therapy. The first study of its kind has, however, recently been conducted at a private mental health hospital by music therapists Carol Lotter and Karen de Kock. Whilst I was not part of the initial, larger study, I was invited to participate through reporting on the analysis and findings of a specific aspect of the larger study, as introduced and described below.

## Impact of a group music therapy intervention in private mental health care in South Africa

Carol Lotter is a registered music therapist with the Health Professions Council of South Africa and since 2006 has served as co-director of the MMus (Music Therapy) Training programme at the University of Pretoria. Karen de Kock is also a registered music therapist who has been working in the mental health sector as a music therapist for 11 years. The title of their study is: Exploring the impact of a group music therapy intervention on adult mental health users in a private mental health care hospital in South Africa.

The research was conducted from October 2018 until October 2019. Patients residing at the hospital for up to 21 days could take part in four 90 minute music therapy interventions developed and facilitated by the resident music therapist, Karen de Kock. Three of these interventions comprised guided visualisation and singing processes. These are interventions that have been adapted from Guided Imagery and Music (GIM), utilising both active and receptive music therapy methods. The music used in the sessions was performed live by de Kock while the participants (eight on average per group) lay on yoga mats and cushions. The music therapist encouraged the participants to join in by singing along while being guided through the visualisations. The venue in the psychiatric hospital where the research took place was light and airy, with ample space so that the participants could lie down comfortably. Usually, the GIM sessions were concluded by the client(s) creating a mandala, which is also included in de Kock's adapted intervention. This required the participants to create an image of their experience, title the image, and write down one or two descriptors of the image. After the visual art process was concluded, the participants were then given an opportunity to verbally process the experience and discuss their images. The three guided visualisation and singing interventions are themed as follows: The Eagle (spiritual or transpersonal experience), Forest (containment and support), and Four Elements (emotional release). The fourth intervention comprised a drumming session called 'Destress Drumming' with active participation and singing. The drumming session was structured, but incorporated moments of improvisation and free play. After the sessions, the participants were asked to complete a questionnaire comprising 12 open-ended questions to provide feedback on their experience of the music therapy process. While the two therapists carried out the study and collected the data, the analysis is being finalised and, therefore, the research is yet to be published. The focus of my dissertation is an analysis of the secondary data generated from the study, specifically focusing on how the 135 anonymous participants experienced the singing component of the music therapy intervention. The data analysis relevant to my study pertained to Questions 9 and 10 of the questionnaire.

## **1.2 Aim**

This study explored the experience of being sung to and actively singing in a group music therapy setting, as well as the impact of singing on the well-being of adult mental health care patients. As previously mentioned, the bigger study of which this study forms part was conducted in a private mental health care facility in South Africa between October 2018 and October 2019. This study aimed to contribute to advancing an understanding of the use of singing in group music therapy in adult mental health. The findings may be useful for other music therapy practitioners, mental health sector practitioners, and researchers in this field.

## **1.3 RESEARCH QUESTIONS**

### **1.3.1 Primary research question**

How do adult patients in a private mental health care facility experience singing in a group music therapy intervention in relation to their well-being?

### **1.3.2 Secondary research question**

What are the components of this experience?

The following chapters provide an overview of the literature framing this study, the research methodology guiding the study, a detailed account of the data analysis, and a discussion on the findings in relation to the research questions and the relevant literature.

## CHAPTER 2 LITERATURE REVIEW

### 2.1 INTRODUCTION

In this section, I discuss the literature pertaining to pertinent aspects of the study. First, I include a section on the mental health status of South Africa<sup>ns</sup>, and then ~~provide~~<sup>give</sup> an overview of the two sectors that provide mental health care within the South African context. A brief summary of the origin of group therapy is then presented, followed by literature on well-being and how music therapy can play a role in individual well-being. Music therapy literature, examining singing as an active technique, as well as the use of live music as a receptive therapy technique ~~were~~<sup>are</sup> discussed. Lastly, the literature regarding group music therapy is also reviewed.

### 2.2 MENTAL HEALTH IN SOUTH AFRICA

South Africa has a complicated political history. In 1948, an all-White government led by the National Party enforced racial segregation within a system of Apartheid. Although Apartheid was eradicated in 1994, the effects of the socio-economic discrimination can still be felt 26 years later. As a very real and tangible indicator of the devastation of Apartheid, the majority of Black South Africans are still living in poverty (Mariotti & Fourie, 2014).

South Africa is classified as a developing country according to the World population review (2019). Similarly, World Bank Criteria (2018) has confirmed this status and positioned South Africa in the upper-middle class income group amongst developing countries. The literature suggests that amongst developing countries, the majority of populations are exposed to factors that lead to health risks, such as unsafe water quality, pollution, poor sanitation, and inadequate environmental hygienic conditions (Chatterji et al., 1998; Smith et al., 1999). South Africa's environmental risks directly and indirectly relate to illness and, specifically, mental illness. Researchers have found that physical health and mental health coincide in various cases as poor mental health has been recorded in areas where people are at high risk for physical illnesses and diseases (Lawrence et al., 2001; Montgomery & Elimelech, 2007; Sartorius, 2007; Scott & Happell, 2011).

The South African Stress and Health study (Herman et al., 2009) has found that 30.3% of South-Africans will experience some form of mental disorder during their lifetime. Other economic, socio-economic, and physical health traits in South Africa that have contributed negatively to the state

of mental health include maternal and child ill health, HIV and AIDS (Freeman et al., 2008), poverty, (Das et al., 2007) low education, social exclusion, gender disadvantage (Vikram, 2007), unemployment (De Witte et al., 2012), and trauma (Wyatt et al., 2017).

### 2.2.1 Mental health care facilities in South Africa

With an estimated one-third of South Africa's population experiencing some form of mental illness over the course of their lifetime, it is important to look into South Africa's mental health care sector to see how such health systems can serve those in need of mental health care. South Africa's health care services, including mental health care, exist within both the public and private sectors. Lund et al. (2010) have found that there are only 0.3 psychiatrists, psychologists, or other mental health workers available per 100,000 people in the public sector. Alternatively, the private mental health care system serves only 5% of the total number of service users in South Africa. Furthermore, the private sector has more than double the number of psychiatrists, while 86% of psychologists practice within this sector (South African Human Rights Commission, 2019).

On the one hand, the public sector caters to patients without health insurance. On the other hand, the private sector caters to those who can afford health insurance or who can pay large amounts of money out of their pockets. Lancet on Global Mental Health (Patel et al., 2018, p. 5) lament,

*The quality of mental health services is routinely worse than the quality of those for physical health. Government investment and development assistance for mental health remain pitifully small. Collective failure to respond to this global health crisis results in monumental loss of human capabilities and avoidable suffering.*

In conclusion, Lund et al. (2010) explain that there is a severe lack of medical personnel and qualified mental health service providers to serve the number of citizens who need mental health care services, much more so in the public than in the private sector. A viable option that could be considered for the vast amount of people in need of mental health services is group therapy, since more patients could be treated simultaneously and it is much more cost effective (Saha et al., 2018). Specifically, Fawcett et al. (2019) conducted a study on the effectiveness of psychodynamic group therapy versus individual therapy amongst young adults with symptoms of depression and anxiety. They found that group therapy is equally effective for the treatment of these symptoms.

## 2.3 GROUP THERAPY

Group Therapy is a well-established practice within the medical field. One of the first group therapy sessions was conducted in 1905 by Joseph Pratt, a physician who treated his underprivileged patients for tuberculosis in groups instead of individually due to the lack of available resources (Pratt, 1907). Pratt noticed the significant positive emotional effects that the group treatments had on patients, and further developed these as planned psychotherapeutic treatment groups for his tuberculosis patients. He later started groups for patients with other conditions (Hadden, 1955). Psychiatrists like Cody Marsh, Edward Lazell and Trigant Burrow in America, and Alfred Adler (Freud's former student) and Jacob Moreno in Europe also started practicing psychotherapy in groups in the early 1900s (Scheidlinger, 2004). According to Scheidlinger (2004), during World War II, group therapy experienced extensive growth as most patients were referred to ~~group therapy~~ due to hospitals being unable to cope with the vast number of psychiatric casualties on an individual basis. These historical events pertain to South Africa both in terms of the number of South African citizens who experience mental illness, and the lack of resources within the mental health sector to provide such services. Group therapy seems to be a viable option, not only financially, but also as an effective use of limited resources.

There are multiple studies on group therapy that report on its efficacy in the field of psychology. Group therapy has been shown to be effective with individuals who suffer from depression, Post-Traumatic Stress Disorder (PTSD) and anxiety (Brent et al., 2019; Haynes et al., 2016; Saha et al., 2018); clients who struggle with substance use disorders (Coco et al., 2019; Valeri et al., 2018); eating disorders (Dor-Haim Yaroslavy et al., 2019; Maxwell et al., 2018); and schizophrenia (Singh & Prakash, 2019). Yalom (1990), a renowned psychiatrist and professor at Stanford University, states that "group therapy is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (p. 31).

## 2.4 MUSIC THERAPY FOR THE WELL-BEING OF PATIENTS

One of the strategies for combating mental illness is strengthening one's well-being and putting preventative measures in place. The Oxford English Dictionary on line defines well-being as follows, "The state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community)." However, well-being is a multi-dimensional concept and the following areas all play a part in how a person experiences their own well-being: physical; emotional/psychological; social; spiritual; intellectual; and economical (Wellbeing People, 2018).

The body and mind are seen as the key to mental health and well-being. Our state of being physically and emotionally determines how we perceive and act in both positive and negative ways towards ourselves, as well as towards the outside world. This influences the multi-dimensional aspects at play in well-being, as previously stated (Presence and leadership institute, 2018). This is why embodied practices have also been proven to help with mental health and well-being. Embodied practices can further provide introspection and self-reflection, as well as self-realisation. These aspects have also been linked to mental health and well-being (Shutenko et al., 2017). Some strategies that have been proven to strengthen mental health and well-being include having positive and strong social connections, and managing one's stress and anxiety levels in constructive ways (Smith et al., 2020). Other strategies like self-acceptance, having a purpose in life, striving towards personal growth, and having autonomy are also linked to well-being (Carmeli et al., 2009).

According to Krauss (2019), music therapy is a relatively new, developing approach in the field of psychology and medicine that has shown numerous benefits for the general well-being of individuals. To understand how and if music therapy can influence a person's well-being, it is important to find a definition of well-being to explore how it can be of influence.

On a physiological level, music therapy has been shown to influence heart rate and blood pressure readings, and regulate pain management (Wong, 2020). In some cases, music therapy has proven to regulate the level of cortisol being produced in the body, showing a significant decrease in symptoms of anxiety (Krauss, 2019). This, in turn, creates a beneficial influence on an individual's psychological well-being. In his article on music therapy and well-being, Krauss (2019) continues to explain that music therapy can be implemented as both an alternative or additional method of intervention to pharmacological treatment because of its various benefits on elements of well-being, such as relieving fear, decreasing psychiatric symptoms, and regulating sleep.

## 2.5 MUSIC THERAPY IN MENTAL HEALTH CARE

Bruscia (2014) states that music therapy is an experiential form of therapy as the client goes through the typical therapy processes of assessment, treatment, and evaluation, but by the means of different types of musical experiences. Although there is little literature available on music therapy in mental health in the South African context, there are many international studies that focus on the use of music therapy in the mental health sector. de l'Etoile (2002) reports that music

therapy has been especially effective in psychiatric adult client groups for individuals who did not necessarily benefit from verbal therapy. This was particularly the case for those who were opposed to treatment or individuals who struggled to express themselves verbally. Erkkilä et al. (2011) similarly report on the effectiveness of music therapy with adults who suffer from depression. Multiple studies show how music therapy benefits patients who have been diagnosed with schizophrenia and schizophrenia-like symptoms (Gold et al., 2005; Lu et al., 2013; Mössler et al., 2011; Yang et al., 1998). Gutiérrez and Camarena (2015) find that music therapy can be effectively used in psychiatric settings with patients who have been diagnosed with General Anxiety Disorder. The results of their study show that both depression and anxiety levels were significantly lower in these patients after music therapy sessions. The effects of music therapy on patients diagnosed with eating disorders have also been studied; although such studies are currently few in number, they have shown promise and further research has been encouraged due to the positive outcomes ~~of these studies~~ (Powers, 2017). Patients diagnosed with PTSD have reported that music therapy enhanced their sleep quality, lowered levels of trauma symptoms, and increased positive outcomes for overall well-being (Beck et al., 2018). In the field of music therapy, there are different techniques that are used to achieve different outcomes. In the study on which this research is based, both active and receptive music therapy techniques were utilised.

### 2.5.1 Active techniques in music therapy

Active music therapy techniques comprise various methods and processes where the client actively participates in making music. This can take the form of singing, playing instruments or performing music, whether it be with pre-composed music or through improvisation. In active music therapy, clients are encouraged to take part in the process of making music as it is central that the outcome or product of music making is less therapeutically important than the process (Brown & Pavlicevic, 1996). Bonny (1986), who is the founder of the Bonny Method of Guided Imagery of Music, explains that the music composed by the client and therapist is to be “functional rather than aesthetic” (p. 4). By focusing on functionality rather than aesthetics, active music therapy does not rely on a client being musically proficient or experienced, making this form of therapy accessible to anyone.

A well-known active music therapy technique that was used during the original study was drumming with African drums. In 2018, a neurological study was conducted with a focus on drumming and communication. ~~(Rojiani et al., 2018).~~ The researchers found that the region of

the brain responsible for social, emotional communication is strongly activated when drumming, even more so than when talking. This led to the conclusion that drumming could be an effective treatment in social emotional psychopathologies, such as PTSD and anxiety disorders (Rojiani et al., 2018). Bensimon et al. (2008) report that group drumming with soldiers who suffered from PTSD had positive outcomes within the safe space that the music therapy provided. Drumming provided a safe outlet for these patients to facilitate their anger, but also created the opportunity to regain self-control. A decline was observed in PTSD symptoms, and the patients also experienced positive effects on an interpersonal level.

Therapeutic drumming sessions have been shown to provide a sense of agency, purpose, and well-being amongst various mental health service users (Ascenso et al., 2018). Not only have anxiety and depression symptoms been shown to decrease over the course of a six to ten week drumming intervention for mental health service users, but these improvements remained consistent over the period of three months (Fancourt et al., 2016). From a physiological perspective, the researchers found that drumming increased the patients' anti-inflammatory responses, and that those effects were also unchanged after three months. In South Africa, a study conducted with middle-aged participants explored the immediate effects of group drumming. The researchers found that drumming could be seen as a low to middle impact exercise that can aid individuals with hypertension, as well as lowering levels of stress and anxiety (Smith et al., 2014).

#### ***2.5.1.1 Singing as an active technique in music therapy***

The voice is a built-in instrument that is probably the oldest and most unique. Not only is the voice people's primary way of expressing themselves, it is also used for the most basic innate forms of expression and is the oldest way of communicating (Uhlig, 2009). This can be seen as early as infancy, where the reciprocal interaction between an infant and caretaker holds musical qualities (Mössler et al., 2017). The voice is part of our physiological makeup and therefore we use it not only to make contact with other people, but also with ourselves and the environment (Uhlig, 2009). Music, in its essence, can be identified as a social bonding tool for individuals (Suttie, 2016) and may serve as a social act that brings different cultures together (Everett, 2017). According to Wood (2006), music is a universal concept because of the innately musical interactions between individuals. Engaging in musical events or activities, such as singing in a choir, may enhance

feelings of belonging with others (Elefant et al., 2012). In this study, the focus was on singing as the active technique.

Singing has been shown to be beneficial in various aspects of people's lives. ~~S~~Socially, studies have found that singing together in a group can foster social connection and give people a sense of belonging, as well as a deeper connection to their community as they experience social inclusion within the group (Dingle et al., 2013; Gridley et al., 2011). People who experience social inclusion in their singing groups have also exhibited increased empathy and support for their fellow group members (Welch et al., 2014). This could be due to the increase in the 'feel good' hormone, oxytocin, being released through singing, which is responsible for the feeling of intimate social bonding (Kreutz, 2014).

Furthermore, regarding the aspect of physiological benefits, singing has been shown to decrease blood pressure, promote the relaxation of muscle tension, and improve respiratory health (Moss et al., 2017). Singing encourages the participant to take deep breaths, which in turn regulates their breathing and thus increases oxygen intake, positively affecting participants' physical health (Bungay et al., 2010). A study focused on semi-professional choral singers found that the majority of the participants agreed that singing positively affected their personal well-being (Beck et al., 2000). Choral singing has also shown to increase immune functions by enhancing the body's immune system defence (Kreutz et al., 2003).

From a psychological and emotional perspective, studies have shown that singing fosters mental health and well-being as people have reported reduced levels of stress and anxiety, and an increase in feelings like joy whilst creating the space to have fun (Bailey & Davidson 2003; Clift et al., 2017). Similarly, various literature emphasises the positive effects that singing can have on patients in the mental health sector. Such benefits include the enrichment of quality of life (Grocke et al., 2014), emotional regulation, and enhanced/increased positive emotions (Dingle et al., 2013). Group singing participants have also commented that singing gave them a spiritual experience as they felt connected to a higher power, and experienced feeling healed spiritually (Dingle et al., 2013). Bailey and Davidson (2002) interviewed members of a small choir and found that singing reduced depression and increased both emotional and physical well-being. In another study of theirs, they also found that when participants engaged in the act of singing, it not only created positive energy, but both energised and relaxed them (Bailey & Davidson, 2005). Singing can also give participants the opportunity to ~~really~~ connect with who they truly are as it provides an outlet for intense feelings and also gives them space to access those feelings (Austin, 2003).

Singing has also shown to improve participants' self-perception as their self-esteem is built and they feel they have more confidence (Dingle et al., 2013).

### **2.5.2 Receptive techniques in music therapy**

The therapy conducted as part of this research made use of receptive music therapy techniques, as well as the above-mentioned active music therapy techniques. In receptive music therapy, clients engage in musical interaction by listening to music and responding to it. The music can be pre-recorded, live, improvisational, composed by the therapist or even by the client. A variety of styles and genres of music are used with receptive music therapy to cater to the clients' individual needs. There are many variations of receptive music therapy, each with their own purpose (Bruscia, 2014). Some of the possible clinical goals in receptive music therapy are to induce imagery and fantasies in order to stimulate or relax the participants while facilitating peak and spiritual experiences. It can also be used to connect the listeners to a community or sociocultural group.

The Bonny Method of Guided Imagery (BMGIM) is a well-known receptive music therapy technique in the music therapy community that is used for both individual and group therapy (GIM SA, 2013). This is also the method that was used and adapted by de Kock, which formed the basis for this study. Therapists who are qualified to use the BMGIM follow a procedure consisting of four segments. First, there is a pre-talk where the therapist has a conversation with the client to establish where they are emotionally at the time of therapy as they then set an intention for the session accordingly. The therapist then explains what to expect. Second, the client is guided into a relaxed and focused state referred to as an "altered state of consciousness" (Lawes, 2017, p. 39). The third segment consists of the music and imagery programme facilitated by the therapist. The programme can be fixed or adapted according to the needs of the client. Music is usually selected from the BMGIM music programmes. The last segment is called the integration or processing phase. This is where the client is brought back to their ordinary state and draws an image within a circle (mandala) that captures the process, emotion, or imagery they experienced during the session (Frohne-Hagemann et al., 2015). BMGIM has been used with patients who have PTSD (Blake & Bishop 1994; Maack, 2012), depression (Lin et al., 2010), eating disorders (Heiderscheit, 2015), substance use disorders, and schizoaffective disorder (Moe, 2011). GIM has also helped to positively affect the mood and quality of life of patients who have been diagnosed with cancer (Bonde, 2005).

### ***2.5.2.1 Listening to live singing and music as part of the receptive technique***

For this study not only did the participants engage in singing themselves, but they also listened to live singing and music during the therapy sessions. Studies have proven that not only does making music have a positive effect on individuals, but simply listening to music has also shown positive effects. Listening to music has further proven to be a continuous source of positive emotions as everyday use has been associated with well-being (Laukka, 2007) and has proven to decrease anxiety and depression (Burrai et al., 2019). Similarly, two studies, both based in hospital settings, also showed positive results with regard to decreasing anxiety levels amongst patients when listening to live music. The first study was based on chemotherapy patients who described the experience as soothing, relaxing, and fun (Ferrer, 2007). The other study focused on hospitalised pregnant women and the results also showed decreased levels of anxiety during the sessions (Teckenberg-Jansson et al., 2019). There has been research in the field of choral music on the cortisol levels of choir members while listening to a classical piece of music. The researchers found that cortisol levels decreased, which suggested that the participants were more relaxed and stress levels were reduced (Kreutz et al., 2004). Live singing has also been proven to support homeostasis in pain management amongst infants undergoing painful procedures (Ullsten et al., 2017).

## **2.6 GROUP MUSIC THERAPY**

In the sections above, both group therapy and music therapy have been described respectively as effective methods and modules of therapy. Both therapy types are supported by bodies of research showing their effectiveness regarding patients in mental health care. Group therapy is used across the spectrum of approaches within the field of music therapy, such as GIM (Frohne-Hagemann et al., 2015), psychodynamic music therapy (Guerrero et al., 2014; Rutan et al., 2014), and Community music therapy (Oosthuizen et al., 2007). According to the South African Music Therapy Association (SAMTA) (2019), group music therapy can empower individuals on their path to recognising their “identity, ability and freedom” (p.1), and can assist the profound conversations and connections that could emerge between clients that come together from all walks of life. In a broader international context, group music therapy has been studied in the field of mental health. Hense (2019) concludes that, in the mental health setting, patients have the opportunity to build social skills that are positively associated with the requirements for recovery. Likewise, Grocke et al. (2014) and Hense (2019) report that musicking in a group has been shown to bring about positive change in participants’ lives, such as the enhancement of self-esteem, enjoyment, and

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social connection and interaction. In 2012, a study was conducted on patients with PTSD who did not show any response to cognitive behavioural therapy and were prescribed 10 weeks of group music therapy. All of the patients experienced a reduction of both PTSD symptoms and depression (Carr et al., 2012). Lu et al. (2013) have researched group music interventions on patients with schizophrenia; they conclude that group music therapy is “economical and easily implemented” (p. 688) and could thus be a sustainable possibility. This is in line with the findings that group therapy is more cost effective and efficient than individual therapy.

## 2.7 CONCLUSION

South Africa’s public mental health sector is understaffed for the number of citizens in need of mental health care (Patel et al., 2018). Most of the service providers are practicing within the private sector and still there are not enough of them for all the patients who need help (South African Human Rights Commission, 2019). There is a liberal amount of literature that gives a positive account of the effects of music therapy on mental health users internationally, and the positive and cost-effective use of group therapy. However, no literature on music therapy in a private mental health setting in South African context exists. This, along with South Africa’s dire need for increased mental health resources, suggests that more research on the effects of group music therapy on adult users in terms of their mental health is needed.

## CHAPTER 3 METHODOLOGY

### 3.1 RESEARCH PARADIGM

This study was conducted using a qualitative approach within the interpretative paradigm. Qualitative researchers are curious about how people see and explain their experiences, how they make sense of their worlds, and how they attribute meaning and significance to their perspectives. Reality is seen as being multiple, subjective, and socially constructed by individuals (Merriam, 2009; Terre Blanche & Durrheim, 2006; Tuli, 2012). Researchers working within the paradigm of interpretivism see each person as unique due to each individual's way of, and ability to interpret their world. In light of this, in interpretivism, ontology refers to how individuals experience and understand the same 'objective reality' differently (Denzil & Lincoln, 2011; Terre Blanche & Durrheim, 2006). The questionnaire designed by Lotter and de Kock, which was utilised in this study, is of a qualitative nature and sought to explore the unique encounter each participant ~~has~~ had with music therapy (see Appendix A). Thus, the principles of interpretivism fit this study well.

### 3.2 RESEARCH DESIGN

This study took the form of an exploratory case study design. Willig (2013) states that a case study is an approach that involves studying a singular situation, incident, or experience. Researchers using a case study approach are not known to use a specific type of data collection or analysis method, rather, they use as many methods as necessary as their focus is rather on a specific element - the case or, in other words, the occurrence rather than methodology. In this study, the occurrence reported on was group music therapy at a single mental health institute in South Africa over the course of a year.

In his seminal publication, Yin (1981) explains that there are three types of case study: exploratory, explanatory, or descriptive; these are not mutually exclusive. My role as a researcher was to explore and generate a comprehensive description of the case in order to produce new ways of understanding this phenomenon within its specific context. An explorative case study is useful in providing data that has great depth and richness since it relies on multiple sources of evidence (Yin, 2017).

Case studies have been critiqued for not addressing the problem of generalisation. However, transferability and naturalistic generalisations can be achieved in qualitative studies on a case-to-case basis when the readers of the research feel that there is an overlap in circumstances, and when readers then instinctively apply it to their own context (Tracy, 2010). Transferability can also be achieved by providing rich descriptions of how the case study's results can advance the theoretical field (Kuper et al., 2008).

### 3.2.1 Sample

For the bigger study of which this study forms part, convenience sampling was applied in conducting the therapy sessions to be analysed. Convenience sampling takes place when the participants recruited for the research are chosen because of their availability and accessibility to the researcher(s) (Bryman 2016). The participants in this study were ~~stay-in~~ psychiatric inpatients at a private mental health hospital who were referred to the resident therapist for group music therapy as part of their treatment plan. These patients were then given the opportunity to become participants in the research project. If the participants did not want to take part in the research, they were still free to participate in the sessions. The sample size was 135 patients with varying diagnoses, including major depression, anxiety and PTSD, and various lengths of stay at the hospital, but an average stay of 21 days. The bigger study explored the impact of a group music therapy intervention on adult mental health users in a private mental health care hospital. The study thus explored the impact of multiple aspects of the group music therapy intervention such as: singing, drumming, guided imagery, the use of images, expectations, and the benefits of music therapy for the mental health user.

### 3.3 DATA COLLECTION

The data collected for this study came from patients who were referred to group music therapy sessions at a private mental hospital. These sessions were led by the resident music therapist from October 2018 to December 2019. Each participant took part in at least one of the four sessions held by the therapist in question depending on their length of stay at the hospital and the treatment plan prescribed to them upon admittance. The patients who then wanted to participate in the research were invited to fill in a self-completion questionnaire voluntarily and anonymously at the conclusion of their hospital stay.

The disadvantages of using a self-completion questionnaire are that there might be a low response rate, and that the questions need to be short and simple (Bryman, 2016; Phellas et al., 2011). However, the advantages of self-completion questionnaires are the following: they are cheaper and quicker to administer than an interview or researcher administered questionnaire; they are more convenient for the responder; and they have a lower probability of bias error occurring because there is no interviewer and the participants are assured of the anonymity of this type of method, which increases the reliability of the participants' responses. The questionnaire comprised 12 open-ended questions that asked the participants to describe and reflect on their experience of group music therapy, and how they experienced the different interventions that were used. These questionnaires were completed anonymously. Appendix B is a copy of the self-completion questionnaire designed and distributed by the two therapists who conducted the research. The hard copy of the questionnaires was made available by the researchers of the bigger study for the purpose of the analysis of the two aforementioned questions. Questions 9 and 10 were ~~scanned-electronically~~made available to the researcher for the purposes of the analysis and then typed up into a spreadsheet. I have retained the ~~scanned answers to the~~ questions after the data were collected and stored them in a safe place that is only accessible to myself and my supervisor. The hard copies have been returned to the researchers of the bigger study.

### 3.4 DATA ANALYSIS

The method that was used in this study was thematic analysis. Thematic analysis focuses on the qualitative features of the data being analysed (Yardley, 2004). Thematic analysis is a qualitative research method used to identify, analyse, and report themes or patterns found in the data (Braun & Clarke, 2006). It helps the researcher to organise and describe the dataset in rich detail, as well as to interpret different aspects of the experience being studied (Boyatzis, 1998). Thematic analysis can be applied across a wide range of epistemological as well as theoretical approaches due to its theoretical freedom (Nowell et al., 2017). Thematic analysis helped me to become familiar with the data that was collected, and gave me a rich understanding of the phenomenon to formulate themes by condensing the information gathered from the participants (Seale, 2012). Thematic analysis was used as it offered the opportunity to see if patterns emerged in how the participants collectively made meaning of the experience. ~~I Since~~ this study used secondary data, and therefore thematic analysis worked well since it is seen as an analysis method and not an approach, thus making the process flexible and approachable for working with secondary data as

one tries to stay as close as possible to the true nature of the data while looking for themes (Braun & Clarke, 2019). Thematic analysis helped me to identify themes or patterns, which in turn contributed to answering the research questions (Starks & Trinidad, 2007). Inductive thematic analysis was used to explore how participants described their experiences and meaning making~~The focal point was on inductive thematic analysis as this brought forth the voice of the participants in relation to their experience and how they made meaning of it according to the data that were analysed~~ (Braun & Clarke, 2019). The first phase of thematic analysis is really getting to know the data by plunging yourself into it. This entails coding the work, finding themes, reviewing these themes, and then writing reports (Braun & Clarke, 2019).

As stated in Section 2.2.1, the bigger study explored the impact of group music therapy on adult mental health users in a private mental health facility. Alternatively, this study sought to analyse only the singing component of the music therapy intervention, and to this end, I analysed only Questions 9 and 10 from the anonymously completed questionnaires.

### 3.4.1 Research quality

In qQualitative research, validity is based on the perspectives of the researcher, the participants, and the reader of the accounts. Terms such as trustworthiness, authenticity, and credibility are more appropriate for qualitative studies than, for instance, reliability and validity (Creswell & Miller, 2000).

The participants who completed the qualitative self-completion questionnaires that Lotter and de Kock used for their research ~~are~~were anonymous to me and I have not participated or observed any of the music therapy sessions. I believe that this added an extra element of authenticity and credibility since it bypassed my own objective view of the therapy interventions, and provided greater focus on the experience of the participants (O'Brien et al., 2014). I aimed to perform the study in a way that was rigorous, reflexive, and balanced by means of continuously re-evaluating the data and data analysis; I have done so under supervision.

## 3.5 ETHICAL CONSIDERATIONS

During the research process, there are certain ethical considerations that should be taken into account (Merriam, 2015). The bigger study was granted ethical approval by the Faculty of Humanities' Research Ethics Committee at the University of Pretoria to conduct the research between October 2018 and October 2019 (ethical clearance number GW20180729HS). Each

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patient that participated in the group music therapy at the hospital during that time was given the opportunity to participate in the study through answering a questionnaire just before leaving the hospital. The questionnaires were anonymous and confidential, which is an ethical requirement for research (Oliver, 2010).

The protection of the participants was also taken care of in the form of informed consent. All of the participants were given an information form (see Appendix A) prior to the music therapy sessions to make an informed decision as to whether they wanted to participate in the research or not. Participation in this study was voluntary and the patients could refuse to participate or withdraw at any time during the study without needing to provide a reason. The information form indicated that if the participants chose to withdraw from the research process at any stage of the research, it would not affect their treatment or the duration of their stay in hospital in any way. Should they have wished to not complete the questionnaire, it would not have prohibited them from freely participating in the group music therapy sessions. This intended study has analysed two questions from the aforementioned completed questionnaires from the bigger study, where, as previously stated, the identities of the participants was unknown to me.

This study has also been conducted according to the Health Profession Council of South Africa's General Ethical Guidelines Booklet 6 on the principles of best interest or well-being (General ethical guidelines for health researchers, 2008). The principle of beneficence was strictly adhered to; this assures that the benefits of health research must outweigh the risks to the research participants. The participants were asked to sign a consent form after being thoroughly informed through an information leaflet and given the contact details of Lotter and de Kock if they wished to seek further details. All research datasets generated by the questionnaires that pertain to the research outputs for this dissertation will be uploaded onto the UP Research Repository and stored in a password-protected electronic format for a period of 15 years, as per the requirements of the University of Pretoria. The following chapter describes the analysis of the data source for this study.

## CHAPTER 4 DATA ANALYSIS

### 4.1 INTRODUCTION

#### 4.1.1 Context

The data for this study was collected in a private mental health hospital by the resident music therapist from October 2018 to December 2019. The participants were patients who were referred to group music therapy sessions during this time span and given the option to partake in the study during their stay by anonymously filling in a self-completion questionnaire. A total of 134 people chose to participate in at least one of the four sessions held by the therapist in question depending on their length of stay at the hospital and the treatment plan prescribed to them upon admittance. This chapter provides a systematic description of the analysis of the data source for this study. The themes that were identified during the analysis will also be introduced.

#### 4.1.2 Data source

The data source for this study was two open-ended questions, Questions 9 and 10, taken from the bigger study's qualitative questionnaire that 134 participants completed. Since this study is based in the interpretive paradigm and the research question focuses on the experience of the participants, it was important to prioritise the views of the participants during analysis as much as possible. Interpretivism allowed me to capture the viewpoints and experiences of each participant in relation to the adapted GIM process (Maree, 2013; O'Reilly, 2009).

The primary question for this study was: How do adult patients in a private mental health care facility experience singing in a group music therapy intervention in relation to their well-being? The secondary question was: What are the components of this experience?

### 4.2 DATA SOURCE - QUESTIONNAIRE

For this particular study, permission was given to analyse two of the questions from the original questionnaires (see Appendix B) pertaining to the singing aspect of the larger study. The two questions were:

Question 9: "How did you experience listening to the songs being sung by the music therapist during the GIM?"

Question 10: "Describe your experience participating in singing during the GIM process?"

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>9. How did you experience listening to the songs being sung by the music therapist during the guided imagery process?</b></p> <p>_____</p> <p>_____</p>           |
| <p>_____</p> <p>_____</p> <p><b>10. Describe your experience participating in singing during the guided imagery process?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> |

Figure 4.1: Example 1 - the two questions in the questionnaire

### 4.3 PREPARATION OF THE DATA

The first stage in the thematic analysis process, as described by Braun et al. (2019), was where I really immersed myself in the data and became familiar with the text by reading through the participants' answers to these questions. The next stage was the capturing of the participants' answers to Questions 9 and 10, and transcribing them on the same Excel spreadsheet. The transcribed answers from each participant were placed in separate columns next to each other. The participants were designated a number for identification purposes (see Example 2A). The words and phrases in the raw data were transcribed exactly as they were written by the participants, including any spelling aberrations or incomplete sentences. See Example 2A for an example of the data capturing process at this level.

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|    | A          | B                                                                                                                                    | C                                                                                                                                                          |
|----|------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Respondent | Ques 9                                                                                                                               | Ques 10                                                                                                                                                    |
| 2  |            | 1 They were relateable                                                                                                               | It helped me act out my happier side                                                                                                                       |
| 3  |            | My experience was more than great, she has the most beautiful and calming voice                                                      | It was really fun and relaxing at the same time. I had nothing (of my bad and scary thoughts)on my mind.It was in the present moment and enjoyed all of it |
| 4  |            | 2 I loved every minute                                                                                                               | loved it and felt a kind of relief                                                                                                                         |
| 5  |            | 3 I could not wait for it, as it was common songs we all knew,I love it.                                                             | I thoroughly enjoyed every moment of it                                                                                                                    |
| 6  |            | 4 it.                                                                                                                                |                                                                                                                                                            |
| 7  |            | 5 Powerful and inspiring                                                                                                             | Enjoyable                                                                                                                                                  |
| 8  |            | Oh wow I could listen the wholeday                                                                                                   | I couldn't I was too emotional                                                                                                                             |
| 9  |            | 6                                                                                                                                    |                                                                                                                                                            |
| 10 |            | 7 Relaxed as it set the mood she wanted us to enter into                                                                             | That was kind of weird to me as I'mnot a singer but after sometime I let go of that obstacle                                                               |
| 11 |            | 8 Found them very nice they relaxed me so much that at one stage I fell asleep                                                       |                                                                                                                                                            |
| 12 |            | 9 Very good voice and the tone with the music made me feel good and forget that I amonly in aclassroom and not in the theatre        | Helps me to open up and enjoy the songs being sung. Maybe need some neutral songs that everyone knows and enjoys singing.                                  |
| 13 |            | 10 The music helped with the scenery we were suppose to create in our minds. Helped to put things/the journey in a great perspective | Aklthough shy, It made the words of the songs resonate within and kept significance of the words throughout the song                                       |
| 14 |            | 11 Inspiring and soothing                                                                                                            | A good outlet andrebalancing of your energy through thevibration of your voice                                                                             |
| 15 |            | 12 I enjoyed her voice very much (very talented musician) it was long but relaxing                                                   | I think I was sleeping (don't remember)                                                                                                                    |
| 16 |            | 13 good                                                                                                                              | relaxed                                                                                                                                                    |
| 17 |            | 14 Captivating                                                                                                                       | Singing ok                                                                                                                                                 |
| 18 |            | 15 It was spiritually uplifting                                                                                                      | It made me feel like apart of the activity not just a spectator or anobject                                                                                |
| 19 |            | 16 It was very helpful to change my mood                                                                                             | It was very difficult                                                                                                                                      |
| 20 |            | 17 relaxing, soothing and emtional made me cry                                                                                       |                                                                                                                                                            |
| 21 |            | 18 good                                                                                                                              | I participated and the emotions came rushing and I started crying in silence                                                                               |
|    |            | 19 It felt good and peaceful                                                                                                         | I never participated in the singing                                                                                                                        |
|    |            | 20 Thank you very excited                                                                                                            | People didn't want me to stop singing because I sing so well                                                                                               |

Figure 4.2: Example 2A - Data captured in rows and columns

#### 4.4 FIRST-LEVEL CODING

Following the preparation of data~~from there~~, each question with its responses were copied onto separate Excel sheets and first-level coding was implemented for each question, respectively. Although both questions were open-ended questions, the responses were mostly brief and to the point and thus the coding was aimed at interpreting the data rather than using the exact wording of each response. Braun et al. (2019) agree that there are multiple ways of coding when it comes to thematic analysis. By applying an interpretive approach, the researcher is looking for the deeper message that the data conveys beneath the surface. Codes are, however, mostly a combination of both descriptive and interpretative perspectives (Braun et al., 2019). More than one code was given to most of the responses as it was important to identify every piece of data that seemed important and relevant to answering the research question (Braun et al., 2019). Each code was placed into its own column in the same row as the original answer. A full transcription of the data can be found in Appendices C and D.

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|    | A          | B      | C                                                                                                                                 | D                                           | E                                 | F                                  |
|----|------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|------------------------------------|
| 1  |            |        | How did you experience listening the songs being sung by the music therapist during the GIM process                               |                                             |                                   |                                    |
| 2  | Respondent | Gender | Ques 9                                                                                                                            |                                             |                                   |                                    |
| 3  |            | 1 M    | They were relateable                                                                                                              | R1,Q1: Relateable songs                     |                                   |                                    |
| 4  |            | F      | My experience was more than great, she has the most beautiful and calming voice                                                   | R2,Q1: More than great                      | R2,Q2: calming voice              |                                    |
| 5  |            | 2 F    | I loved every minute                                                                                                              | R3,Q1: Loved it                             |                                   |                                    |
| 6  |            | F      | I could not wait for it, as it was common songs we all knew,I love it.                                                            | R4,Q1: eagerly anticipated familiar songs   | R4,Q2: love it                    |                                    |
| 7  |            | 4 F    | Powerful and inspiring                                                                                                            | R5,Q1: powerful                             | R5,Q2: inspiring                  |                                    |
| 8  |            | F      | Oh wow I could listen the wholeday                                                                                                | R6,Q1: Adoration for musical experience     | R6,Q2: could listen to it all day |                                    |
| 9  |            | 6 F    | Relaxed as it set the mood she wanted us to enter into                                                                            | R7,Q1: Relaxed                              | R7,Q2: set the mood               |                                    |
| 10 |            | 7 F    | Found them very nice they relaxed me so much that at one stage I fell asleep                                                      | R8,Q1: Nice                                 | R8,Q2: Relaxed                    | R8,Q3: Sleep promoting             |
| 11 |            | 8 M    | Very good voice and the tone with the music made me feel good and forget that I amonly in aclassroom and not in the theatre       | R9,Q1: Positive experience to tone of music | R9,Q2: transported me             | R9,Q3: Appreciated therapist voice |
| 12 |            | 9 F    | The music helped with the scenery we were suppose to create in our minds. Helped to put things/the journey in a great perspective | R10,Q1: Music enhancing mental experience   | R10,Q2: Music supporting images   | R10,Q3: Music guiding mental jou   |
| 13 |            | 10 M   | Inspiring and soothing                                                                                                            | R11,Q1: Inspiring                           | R11,Q2: soothing                  |                                    |
| 14 |            | F      | I enjoyed her voice very much (very talented musician) it was long but relaxing                                                   | R12,Q1: enjoyed her voice                   | R12,Q2: Long session              | R12,Q3:relaxing                    |
| 15 |            | 12 M   | good                                                                                                                              | R13,Q1: Good                                |                                   |                                    |
| 16 |            | 13 M   | Captivating                                                                                                                       | R14,Q1: Captivating                         |                                   |                                    |
| 17 |            | 14 F   | It was spiritually uplifting                                                                                                      | R15,Q1: Spiritually uplifting               |                                   |                                    |
| 18 |            | 15 M   | It was very helpful to change my mood                                                                                             | R16,Q1: Helpful                             | R16,Q2: mood changing             |                                    |
| 19 |            | 16 F   | relaxing, soothing and emotional made me cry                                                                                      | R17,Q1: Relaxing                            | R17,Q2: soothing                  | R17,Q3: provoked crying            |
| 20 |            | 17 F   | good                                                                                                                              | R18,Q1: Good                                |                                   |                                    |
| 21 |            | 18 M   | It felt good and peaceful                                                                                                         | R19,Q1: Good feeling                        | R19,Q2: peaceful                  |                                    |
| 22 |            | 19 F   | Thank you very excited                                                                                                            | R20,Q1: Gratitude                           | R20,Q2: Excitement                |                                    |

Figure 4.3: Example 2B - Question 9 – first-level coding

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|    | A                 | B             | C                                                                                                                   | D                                      | E                              |
|----|-------------------|---------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|
| 1  |                   |               | <b>Describe your experience participating in singing during the GIM process</b>                                     |                                        |                                |
| 2  | <b>Respondent</b> | <b>Gender</b> | <b>Ques 10</b>                                                                                                      |                                        |                                |
| 3  | 1                 | M             | It helped me act out my happier side                                                                                | R1,Q1: enacted happiness               |                                |
| 4  | 2                 | F             | It was really fun and relaxing at the same                                                                          | R2,Q1: fun                             | R2,Q2:relaxing                 |
| 5  | 3                 | F             | loved it and felt a kind of relief                                                                                  | R3,Q1: loved it                        | R3,Q2: experienced relief      |
| 6  | 4                 | F             | I thoroughly enjoyed every moment of it                                                                             | R4,Q1:enjoyed it all                   |                                |
| 7  | 5                 | F             | Enjoyable                                                                                                           | R5,Q1: enjoyable                       |                                |
| 8  | 6                 | F             | I couldn't I was too emotional                                                                                      | R6,Q1: couldnt participate             | R6,Q2: too emotional           |
| 9  |                   | F             | That was kind of weird to me as I'mnot a singer but after sometime I let go of that obstacle                        |                                        |                                |
| 10 | 7                 |               |                                                                                                                     | R7,Q1: Felt weird to sing              | R7,Q2: After sometime I let go |
| 11 | 8                 | F             |                                                                                                                     |                                        |                                |
| 12 | 9                 | M             | Helps me to open up and enjoy the songs                                                                             | R9,Q1: Assisted in opening up          | R9,Q2: enjoyed songs           |
| 13 |                   | F             | Although shy, It made the words of the songs resonate within and kept significance of the words throughout the song |                                        |                                |
| 14 | 10                |               |                                                                                                                     | R10,Q1: meaningful lyrics              | R10,Q2: Significant lyrics     |
| 15 |                   | M             | A good outlet andrebalancing of your energy through thevibration of your voice                                      |                                        |                                |
| 16 | 11                |               |                                                                                                                     | R11,Q1: Good outlet                    | R11,Q2: rebalancing of energy  |
| 17 | 12                | F             | I think I was sleeping (don't remember)                                                                             | R12,Q1: Sleep evoking                  |                                |
| 18 | 13                | M             | relaxed                                                                                                             | R13,Q1: Relaxed                        |                                |
| 19 | 14                | M             | Singing ok                                                                                                          | R14,Q1: relative experience to singing |                                |
| 20 |                   | F             | It made me feel like apart of the activity not iust a spcctator or anobiect                                         | R15,Q1: Promoted inclusivity           |                                |
| 21 | 15                |               |                                                                                                                     | R16,Q1: very difficult                 |                                |
| 22 | 16                | M             | It was very difficult                                                                                               |                                        |                                |
| 23 | 17                | F             |                                                                                                                     |                                        |                                |
| 24 |                   | F             | I participated and the emotions came rushing and I started crying in silence                                        | R18,Q1: evoked emotions                | R18,Q2: evoked crying          |
| 25 | 18                |               |                                                                                                                     |                                        |                                |
| 26 |                   | M             | I never participated in the singing                                                                                 | R19,Q1: I never participated           |                                |
| 27 | 19                |               |                                                                                                                     |                                        |                                |
| 28 |                   | F             | People didn't want me to stop singing because I sing so well                                                        | R20,Q1: I sang well                    |                                |
| 29 | 20                |               |                                                                                                                     |                                        |                                |

Figure 4.4: Example 2C - Question 10 - first-level coding

## 4.5 SECOND-LEVEL CODING

After the initial coding of Question 9 and question 10, I was then able to start looking at second-level coding. The codes for Question 9 were placed on a new sheet (see Example 3A: 2LC Q9) and the codes for Question 10 were placed on a separate sheet (see Example 3B: 2LC Q10). The initial codes from each question were then sorted into clusters according to their similarity. Each question's Excel sheet remained separate during this stage of the data analysis. I began by sorting Question 9 and followed with Question 10. During this sorting and clustering process, second-level codes were created.

As I began the second-level coding process, I noticed that there was an abundance of codes and many of them were remarkably similar, if not identical. I decided that each initial code would only be used once in the second-level coding process. This meant that no code would appear in more than one second-level coding category. This helped to ensure that each second-level order category's codes were unique. In doing so, this also simplified the coding process without compromising the data. For Question 9, there were a total of 29 second level codes, while for Question 10, there were a total of 28 second level codes. Please see an example of the second-level coding process from Question 9 and 10 in the images below.



Figure 4.5: Example 3A - Question 9 – second-level coding (2LC Q9)

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| Respondent | Gender | Describe your experience participating in singing during the GIM process<br>Ques 10                                 |                                        |                                |
|------------|--------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|
| 1          | M      | It helped me act out my happier side                                                                                | R1,Q1: enacted happiness               |                                |
| 2          | F      | It was really fun and relaxing at the same                                                                          | R2,Q1: fun                             | R2,Q2:relaxing                 |
| 3          | F      | loved it and felt a kind of relief                                                                                  | R3,Q1: loved it                        | R3,Q2: experienced relief      |
| 4          | F      | I thoroughly enjoyed every moment of it                                                                             | R4,Q1:enjoyed it all                   |                                |
| 5          | F      | Enjoyable                                                                                                           | R5,Q1: enjoyable                       |                                |
| 6          | F      | I couldn't I was too emotional                                                                                      | R6,Q1: couldnt participate             | R6,Q2: too emotional           |
| 7          | F      | That was kind of weird to me as I'mnot a singer but after sometime I let go of that obstacle                        | R7,Q1: Felt weird to sing              | R7,Q2: After sometime I let go |
| 8          | F      |                                                                                                                     |                                        |                                |
| 9          | M      | Helps me to open up and enjoy the songs                                                                             | R9,Q1: Assisted in opening up          | R9,Q2: enjoyed songs           |
| 10         | F      | Although shy, It made the words of the songs resonate within and kept significance of the words throughout the song | R10,Q1: meaningful lyrics              | R10,Q2: Significant lyrics     |
| 11         | M      | A good outlet andrebalancing of your energy through thevibration of your voice                                      | R11,Q1: Good outlet                    | R11,Q2: rebalancing of energy  |
| 12         | F      | I think I was sleeping (don't remember)                                                                             | R12,Q1: Sleep evoking                  |                                |
| 13         | M      | relaxed                                                                                                             | R13,Q1: Relaxed                        |                                |
| 14         | M      | Singing ok                                                                                                          | R14,Q1: relative experience to singing |                                |
| 15         | F      | It made me feel like apart of the activity not iust a spæctator or anobiect                                         | R15,Q1: Promoted inclusivity           |                                |
| 16         | M      | It was very difficult                                                                                               | R16,Q1: very difficult                 |                                |
| 17         | F      |                                                                                                                     |                                        |                                |
| 18         | F      | I participated and the emotions came rushing and I started crying in silence                                        | R18,Q1: evoked emotions                | R18,Q2: evoked crying          |
| 19         | M      | I never participated in the singing                                                                                 | R19,Q1: I never participated           |                                |
| 20         | F      | People didn't want me to stop singing because I sing so well                                                        | R20,Q1: I sang well                    |                                |

Figure 4.6: Example 3B - Question 10 – second-level coding (2LC Q10)

#### 4.5.1 Synthesizing data and finding third level codes

In order to ascertain how the second level codes may have formed third-level codes, I revisited the data by looking closely for patterns in the initial codes and the second level codes. This part of the process was highly iterative as I had to move back and forth between stages of analysis. After combing through the data in each sheet (Sheet 2LC Q9 and Sheet 2LC Q10), I placed all second-level codes with their initial codes from both Question 9 and 10 into a single sheet. I then started creating third-level codes by combining second-level codes from Question 9 and 10. A total of 38 higher order codes were created, each of which was placed within its own column along with its relevant codes. Please see an example of the third level codes below.

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| RELAXATION                     | PERCEPTION OF SONGS                         | EXPERIENCE OF SINGING ALONG    | POWERFUL EXPERIENCE | RESPONSE TO THERAPIST                          | QUALITY OF THERAPIST VOICE               | PRESENCE OF THERAPIST                                     |
|--------------------------------|---------------------------------------------|--------------------------------|---------------------|------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| R7,Q1: Relaxed                 | R2,Q1: More than great                      | R1,Q1: enacted happiness       | R5,Q1: powerful     | R46,Q1: Strong awareness of therapist          | R2,Q2: calming voice                     | R81,Q2: Therapist was Motivational                        |
| R8,Q2: Relaxed                 | R3,Q1: Loved it                             | R2,Q1: fun                     | R14,Q1: Captivating | R133,Q4: shes heaven sent                      | R133,Q2: her voice is heavenly           | R91,Q2: Therapist is good                                 |
| R11,Q2: soothing               | R4,Q2: love it                              | R3,Q1: loved it                | R61,Q1: Strong      | R74,Q5: Positive experience of therapist       | R69,Q2: Outstanding voice                | R46,Q2: Therapist was confident                           |
| R17,Q1: Relaxing               | R9,Q1: Positive experience to tone of music | R5,Q1: enjoyable               | R72,Q2: strenght    | R65,Q1: Talented therapist                     | R109,Q2: Therapist has beautiful voice   | R21,Q2: Therapist created comfortable environment to sing |
| R17,Q2: soothing               | R13,Q1: Good                                | R25,Q1: enjoyable              |                     | R43,Q1: Therapist is talented                  | R188,Q2: Therapist has a beautiful voice | R42,Q1: Therapist singing loud made it comfortable        |
| R19,Q2: peaceful               | R18,Q1: Good                                | R22,Q1: lovely experience      |                     | R45,Q1: Positive experience of therapist voice | R125,Q2: Therapist beautiful has voice   | R50,Q1: Therapist led me well                             |
| R27,Q2: Calming                | R19,Q1: Good feeling                        | R29,Q1: Fair                   |                     | R37,Q1: Positive experience of therapist       | R131,Q2: Angelic voice                   | R31,Q1: Therapist Guided with music                       |
| R30,Q2: calming                | R23,Q1: Good                                | R41,Q4: love                   |                     |                                                | R99,Q2: Therapist has beautiful voice    |                                                           |
| R34,Q1: Very relaxing          | R27,Q1: Beautiful                           | R45,Q1: Loved it               |                     |                                                | R106,Q2: Therapist has beautiful voice   |                                                           |
| R40,Q3: experienced relaxation | R26,Q1: Lovely                              | R46,Q1: Enjoyed it             |                     |                                                | R31,Q2: Therapist has Beautiful voice    |                                                           |
| R39,Q1: Relaxing               | R28,Q1: Great                               | R65,Q2: enjoyed it             |                     |                                                |                                          |                                                           |
| R52,Q2: Relaxing               | R29,Q1: Good                                | R64,Q3: Good                   |                     |                                                |                                          |                                                           |
| R52,Q1: Soothing               | R32,Q1: wonderful                           | R65,Q2: enjoyed it             |                     |                                                |                                          |                                                           |
| R59,Q1: calm                   | R40,Q1: Great                               | R69,Q2: still enjoyable        |                     |                                                |                                          |                                                           |
| R60,Q2: relaxing               | R30,Q1: Enjoyment                           | R75,Q1: I liked it             |                     |                                                |                                          |                                                           |
| R60,Q1: soothing               | R40,Q2: increased joy                       | R76,Q1: I enjoyed it very much |                     |                                                |                                          |                                                           |
| R67,Q2: Calming                | R42,Q1: Excellent                           | R78,Q1: Beautiful              |                     |                                                |                                          |                                                           |
| R74,Q2: Relaxing               | R43,Q1: Enjoyable                           | R80,Q1: It was fun             |                     |                                                |                                          |                                                           |
| R83,Q1: Tranquility            | R43,Q2: Heartwarming                        | R81,Q1: Excellent              |                     |                                                |                                          |                                                           |
| R88,Q1: Peace                  | R47,Q1: Good                                | R83,Q1: amazing                |                     |                                                |                                          |                                                           |

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|                       |                                      |                              |  |  |  |  |
|-----------------------|--------------------------------------|------------------------------|--|--|--|--|
| R94,Q1: Relaxing      | R48,Q1: Very good                    | R84,Q1: Exciting             |  |  |  |  |
| R95,Q1: comforting    | R49,Q1: It was good                  | R85,Q1: Very nice            |  |  |  |  |
| R96,Q1: Calming       | R55,Q1: Enjoyed it very much         | R86,Q1: Experience was great |  |  |  |  |
| R95,Q2: Soothing      | R61,Q2: Beautiful                    | R88,Q1: Enjoyed it           |  |  |  |  |
| R96,Q2: Relaxing      | R62,Q1: Very good                    | R89,Q1: Loved it             |  |  |  |  |
| R98,Q1: Very relaxing | R64,Q1: Good                         | R90,Q1: I enjoyed it         |  |  |  |  |
| R106,Q1: Relaxed      | R66,Q1: Wonderful                    | R99,Q2: enjoyable            |  |  |  |  |
| R109,Q1: soothing     | R69,Q1: Magical                      | R100,Q2: Good                |  |  |  |  |
| R112,Q2: Calming      | R71,Q1: Good                         | R103,Q1: was easy            |  |  |  |  |
| R112,Q1: soothing     | R79,Q1: Beautiful                    | R106,Q1: enjoyed             |  |  |  |  |
| R124,Q2: relaxing     | R80,Q1: enjoyed it                   | R107,Q1: Loved it            |  |  |  |  |
| R124,Q1: soothing     | R81,Q1: Excellent                    | R108,Q1: It was great        |  |  |  |  |
| R2,Q2:relaxing        | R84,Q1: Positive experience of music | R110,Q1: beautiful feeling   |  |  |  |  |
| R13,Q1: Relaxed       | R90,Q1: enjoyed it                   | R105,Q3: Felt at home        |  |  |  |  |
| R34,Q1: Relaxing      | R99,Q1: Positive response to music   | R112,Q1: Fun                 |  |  |  |  |
| R64,Q1: relaxation    | R92,Q1: Pleasant                     | R112,Q2: Exciting            |  |  |  |  |
| R48,Q1: Calming       | R100,Q1: I loved it                  | R123,Q1: Loved               |  |  |  |  |
| R94,Q1: peace of mind | R103,Q3: Joy                         | R124,Q1: enjoyed it so much  |  |  |  |  |
| R117,Q1: Relaxing     | R104,Q2: Positive                    | R127,Q1: Was great           |  |  |  |  |

Figure 4.7: Example 4 - Synthesized second level codes into third-level codes (3LC)

## 4.6 SYNOPSIS OF THE THEMES

After the third-level codes had been created, the 38 third-level codes were placed in a Word document and reviewed. These third-level codes (hereafter referred to as sub-themes) were then rearranged and grouped, from which themes were identified. In total, the researcher developed nine themes: presence and voice of therapist; experience of song choice and content; experience of collective singing during adapted GIM; freedom of choice in participation; strengthening and release; relaxation and grounding; emotional regulation and expression; self-reflection and introspection; and, lastly, new experience.

In the following chapter, I will engage with the research question by means of the themes that have been identified. A short synopsis of each of the themes is provided below in order to provide a point of departure for Chapter 5.

### 4.6.1 Experience of song choice and content

This theme captures the clients' experience of the songs, as well as how they perceived not only the live music but also the lyrics. It also gives feedback on how they responded to the content of the songs, for example, the fact that some songs were multilingual and had religious aspects to them.

### 4.6.2 Experience of collective singing during adapted GIM

This theme encapsulates the clients' experience pertaining to singing. Specifically, this theme focused on whether the singing assisted or disrupted the assisted GIM process, and whether it was easy to sing along or if it took too much effort.

### 4.6.3 Presence and voice of therapist

This theme reflects how the participants experienced and then responded to the therapist, whether it was the quality of the therapist's voice or how they experienced the presence of the therapist during the process.

#### **4.6.4 Freedom of participation**

This theme voices how the participants practiced their choices regarding how they wanted to participate during the adapted GIM process. This refers to whether they participated in singing and listening, or just listened to the songs being sung, and what their experience was pertaining to acting out that choice.

#### **4.6.5 Strengthening and upliftment**

This theme encapsulates how the music provided an opportunity for the participants to feel inspired, surprised or excited, and also presented an opportunity for participants to have a spiritual experience. This also refers to how/whether the music provided space for the participants to feel refreshed and powerful.

#### **4.6.6 Relaxation and grounding**

This theme encapsulates everything that singing to and/or singing along could possibly afford participants. Some of these affordances are: relaxation; de-stressing; sleep promotion; feeling more grounded; and having an embodied experience.

#### **4.6.7 Emotional regulation and expression**

This theme summarises how the participation in singing or listening to live singing provides the opportunity for the participants' moods to change, how it offers opportunity for emotional expression in various forms and how it could be a helpful tool towards healing.

#### **4.6.8 Self-reflection and introspection**

This theme summarises how the aspects of singing could possibly create moments for participants to look inward, reflect, and engage in self-examination.

#### **4.6.9 A new experience**

This theme encapsulates how the participants felt when experiencing the live singing and singing in a group setting within the adapted GIM process for the first time.

#### ~~4.6.2 Presence and voice of therapist~~

~~This theme reflects how the participants experienced and then responded to the therapist, whether it was the quality of the therapist's voice or how they experienced the presence of the therapist during the process.~~

#### ~~4.6.3 Experience of song choice and content~~

~~This theme captures the clients' experience of the songs, as well as how they perceived not only the live music but also the lyrics. It also gives feedback on how they responded to the content of the songs, for example, the fact that some songs were multilingual and had religious aspects to them.~~

#### ~~4.6.4 Experience of collective singing during adapted GIM~~

~~This theme encapsulates the clients' experience pertaining to singing. Specifically, this theme focused on whether the singing assisted or disrupted the assisted GIM process, and whether it was easy to sing along or if it took too much effort.~~

#### ~~1.1.1 Freedom of participation~~

~~This theme voices how the participants practiced their choices regarding how they wanted to participate during the adapted GIM process. This refers to whether they participated in singing and listening, or just listened to the songs being sung, and what their experience was pertaining to acting out that choice.~~

#### ~~4.6.51.1.1 Strengthening and upliftment~~

~~This theme encapsulates how the music provided an opportunity for the participants to feel inspired, surprised or excited, and also presented an opportunity for participants to have a spiritual experience. This also refers to how/whether the music provided space for the participants to feel refreshed and powerful.~~

#### **4.6.61.1.1 Relaxation and grounding**

~~This theme encapsulates everything that singing to and/or singing along could possibly afford participants. Some of these affordances are: relaxation; de-stressing; sleep promotion; feeling more grounded; and having an embodied experience.~~

#### **1.1.1 Emotional regulation and expression**

~~This theme summarises how the participation in singing or listening to live singing provides the opportunity for the participants' moods to change, how it offers opportunity for emotional expression in various forms and how it could be a helpful tool towards healing.~~

#### **4.6.71.1.1 Self-reflection and introspection**

~~This theme summarises how the aspects of singing could possibly create moments for participants to look inward, reflect, and engage in self-examination.~~

#### **4.6.71.1.1 A new experience**

~~This theme encapsulates how the participants felt when experiencing the live singing and singing in a group setting within the adapted CIM process for the first time.~~

## CHAPTER 5 DISCUSSION OF THE FINDINGS

### 5.1 INTRODUCTION

The main research question that guided this study was:

How did adult patients in a private mental health care facility experience singing in a group music therapy intervention in relation to their well-being?

The secondary question was:

What were the components of the experience?

This chapter will discuss the findings that emerged from the two data sources with reference to the relevant literature.

### 5.2 THEME 1: EXPERIENCE OF SONG CHOICE AND CONTENT

#### 5.2.1 Live music

The first sub-theme pertaining to the experience of song choices and the content of the songs reflects how the clients experienced the songs as sung by the therapist. All songs were facilitated with voice and instruments during the therapy sessions as live music is the primary component of de Kock's adapted GIM technique, 'Angelic voice' (R131, Q2) and 'calming voice' (R2, Q2). When music is performed live, it always unfolds in a unique way, even if the song list has been predetermined (Swarbrick et al., 2019). This phenomenon is amplified in a music therapy setting. This is because the therapist intuitively attunes to the clients and their specific needs in that moment. Even a predetermined song list can be attuned in the smallest of nuances to adapt to the client's needs. Music therapists are clinically trained to attune musically toward an authentic expression of the human condition (Kossak, 2009). Each and every session will be a little different because of the different groups of people that witness the music, and the therapist who adapts the music accordingly, whether this pertains to the timing, the pitch or even the timbre that has changed. Therefore, a therapist's live music making can be seen less as performing for an audience, and more as communicating and interacting with participants (Shoda et al., 2016). The participatory nature of music therapy, and vocal music-making in particular, along with the unique nature of each performance creates a dynamic and individual experience in each session. The

responses in the data did not refer specifically to the term 'live music', but rather to the experience of listening to the therapist's singing voice (as further detailed in Section 5.3). This alludes to the impact thereof on the client's experience of live music (R133, Q2; R69, Q2; R109, Q2; R188, Q2; R125, Q2; R131, Q2; R99, Q2).

### 5.2.2 Perception of songs

Numerous comments were captured in the data pertaining to the perceptions of the songs that were selected and sung by the therapist. The study shows a wide spectrum of favourable responses to the songs, with comments such as "loved it" (R3, Q1); "good" (R13, Q1); and "great" (R28, Q1). A few participants commented on how the song choices were perceived as "meaningful" (R101, Q1); "powerful" (R38, Q2) and even "healing" (R125, Q1). Studies have shown that when participants have preferable experiences regarding the music they listen to, they experience stress reduction, reduced anxiety, and positive mood changes (Jiang et al., 2016; Mac Donald, 2000, as cited by Greasley & Lamont, 2006; Sloboda et al., 2001). With this understanding, it is important to investigate why certain music is preferable in order to maximise the positive results described above. A study done by Schäfer and Sedlmeier (2010) focused on what determinants make people prefer certain music. Their study found that people use music to communicate what they feel, and thus prefer music that aligns with their emotions and what they want to say. They also found that people prefer music when it allows for self-reflection. It seems that the music used during the adapted GIM sessions gave the participants space and time to reflect, and maybe even the opportunity to communicate to themselves what they needed to hear in order to have an experience of "healing" (R125, Q1), and for it to be "helpful and fulfilling" (R56, Q1). Supporting this notion, GIM has also shown to help participants positively rediscover themselves (Paik-Maier, 2010), finding the parts within themselves that are healthy and whole and rediscovering their strength. According to Goldberg (1995), GIM can serve as the vehicle to induce the imagery that patients need to access, and process emotions that were once hidden and suppressed within themselves.

The findings also reflected that a few participants felt that they could not necessarily relate to the songs, and that the song choices were "alright" (R110, Q1) - whether that was the case with all of the songs within the therapy session or just a couple of the songs is, however, unclear. The question comes to mind, does music always have to be received as favourable or preferable for it to have therapeutic benefit? Most of the clients that attend a guided imagery and music therapy session are unfamiliar with the classical music programmes that are used. In light of this,

Summers (2009) says that “familiar and preferred music, however, will not usually encourage work within the deeper levels of the psyche due to the specific, and sometimes rigid thoughts and feelings which arise in response to it” (p. 7). Thus, even though a preference for certain music has shown positive effects, even in this study, researchers and clinicians should bear in mind that music does not need to ~~only be according to clients’ preferences~~ preferential to have a therapeutic effect as both can serve for different therapeutic experiences. Using both preferred and non-preferred music could be a further point of study within the mental health setting.

### 5.2.3 Lyrics

In this study, the participants reflected on the lyrics of the songs being sung in the therapy sessions. Some participants commented that they “felt the power of music and lyrics” (R81, Q2) and that the lyrics helped with the guiding process during the adapted GIM as they felt it was “significant” (R10, Q1) and brought “structure” (R33, Q2) to the session. The comments show an overall acknowledgement of the lyrics within the music and how singing them made them even more significant. One participant wrote, “It made the words of the songs resonate within” (Participant 10, Question 10), while another stated that, “The singing allowed us to have a voice to say what we have been keeping inside (Participant 33, Question 10). Song lyrics can provide a powerful experience to its receptors as journalist Brooke-Adrienne so eloquently says, “One lyric can be a million shouting voices when you feel like you’re never being heard” (Bethancourt, 2017, par. 3). Similarly, Bradley et al. (2008) find that song lyrics can help participants communicate their emotions. Song lyrics have the ability to allow the mind to time travel back into the past to moments of joy, laughter, as well as moments of heartbreak and sadness. It can also open up the listeners' senses to be more present and emotionally vulnerable (Winston, 2017).

Most of the literature pertaining to GIM refers to the classical instrumental music programmes designed by Helen Bonny (2002), (BMGIM - the Bonny Method of Guided Imagery and Music). Unlike the traditional Bonny Method, songs with lyrics have been developed as another tool during some GIM sessions for the participants to experience relaxation (Frohne-Hagemann et al., 2015).

It has also previously been found that having songs with lyrics in GIM sessions can significantly enhance the experience for participants when the songs have been chosen carefully and very specifically (Nicholson, 2001). This specific study was based on three adapted GIM programmes whose music and lyrics have been carefully and specifically designed, mapped out, and changed over several years. It caters specifically to patients within the private mental health sector as each

programme has a very specific intervention in mind. The first is called *The Eagle*, which allows for a spiritual or transpersonal experience. Secondly, *The Forest* assists in containment and support, and thirdly, the *Four Elements* create a space for emotional release. Therefore, it can be understood that the lyrics, which were very carefully chosen for the therapy sessions, were intended to enhance the experience of the participants. This includes bringing meaning, structure and maybe even affirming and exposing the vulnerable emotions that the participants may be experiencing.

It seems that lyrics and the way in which they are delivered has an effect on human emotions and thought patterns. In this case, the use of lyrics played a part in providing skilful emotional detail and enriched the musical and therapeutic experience with its narrative.

#### 5.2.4 Language

The participants' experience of different languages during the sessions was also captured in the data. For some participants, this caused "language barriers" (R134, Q2) as the participants felt they "didn't know the songs" (R102, Q2). However, some participants felt that the fact that the songs were multicultural and multilingual promoted inclusivity and made the songs more "relatable". This links with a study done by Vaillancourt et al. (2018) where music with lyrics in different languages was used for a choral group. They found that the multilingual aspects were also received in seemingly polarising ways. In this study, some of the participants felt that singing in different languages was difficult and they did not enjoy it, "Not so much, cause I did not know the language" (R115, Question 10). Alternatively, other participants felt that it was interesting and had a positive experience while singing along, even though they did not understand or know the words, "I had no idea what she was singing, I was just singing along, best way to destress" (R50, Question 9).

South Africa is a multilingual country with 11 official languages and boasts many different cultures (Sahistory.org, 2020). Saying that a country is multicultural does not just describe the notion that the country has a diverse range of cultures, it also means that the country recognises and celebrates its diversity and acknowledges and respects each culture (Milazi, 2012). Since this study took place in a private mental health care facility in South Africa it is highly likely that the group of participants who attended these therapy sessions over the course of the year came from different cultures and thus spoke different languages.

The data from this study also show that singing songs in different languages gave a “collaborative” (R118, Q2) experience to the sessions. The literature states that when a therapist makes multiculturalism part of the norm of group therapy, the participants have the opportunity to share their cultural differences instead of feeling silenced because of them (Green & Stiers, 2002). This is a profound offering in a mental health setting, especially in a country like South Africa due to various reasons. Firstly, mental illness is a very stigmatised construct in South Africa and secondly, within the history of the country, many individuals have experienced feeling shamed and silenced due to cultural differences. By including multilingual songs drawn from the diverse South African population, de Kock was setting the norm for multiculturalism within the group therapy sessions. This, in turn, could facilitate vastly different experiences for different individuals. On the one hand, multiculturalism within the therapeutic space could offer the experience of inclusivity (R15, Q1; R33, Q2; R52, Q1; R59, Q1) and a feeling of collaboration (R118, Q2) amongst participants, as well as bring about experiences of familiarity and relatability (R61, Q3). As a result, a positive therapeutic space can be facilitated for participants, which could possibly make it easier to relax, focus, and fully participate. On the other hand, having songs in the therapy sessions that are from different cultural backgrounds and contain multiple languages may prevent some participants from fully engaging in the therapeutic experience. Participants may feel that they cannot relate to the music because of language barriers in the lyrics (R134, Q2). This insufficient sense of relatability could lead to the experience of feeling disconnected from the group and disengaged from the therapy session. These are important factors to consider when designing any therapeutic intervention or programme, more so in music therapy where both words and music can be used inclusively and/or exclusively. While there is currently no clear and generalisable formula for how an optimal multicultural music therapy session should be designed in South Africa, practitioners should be mindful of and prepared for the different effects that multicultural songs and lyrics can have in a therapeutic space.

### 5.2.5 Religion

The data also captured two participants' responses towards the religious components embedded in the lyrics. One participant said that they “don't care for” (R76, Q2) the religious aspect and another stated that it “removed them from the experience” (R133, Q2). de Kock initially included ‘Let it Be’ from the Beatles for a sense of embodied release. However, after one incident in a session where religion entered the space, two clients from different worldviews insulted one another with regard to the reference to Mother Mary in the song. de Kock thus elected to remove

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the song from The Eagle program to minimise any future conflict. Alternatively, The Forest programme initially included world music songs or universal songs without including any specific religion. However, as this method was introduced in a hospital with a specific ethos, clients started suggesting/initiating the inclusion of certain songs, and de Kock considered their suggestions. To include a wider variety of worldviews, she included some songs that used the word 'God' or contained references to God in isiZulu from the Gospel genre. The removal of the song 'Let it be' with reference to Mother Mary might have been a more reasonable choice since Mother Mary is a very well-known figure within the Christian religion, thus clearly not being inclusive of other religions. Adding songs, however, that include the word 'God' is more inclusive of various different cultures and is thus a more universal representation of religion.

There are multitudinous potential explanations as to why any one patient may have a negative or disinterested response toward religious material. I will outline two possible reasons for such responses drawn from my own speculation working with the data: the state of indifference toward religion, and guilt and/or shame because of mental health issues.

It could be that the participants simply do not care about religion as they are not affiliated with any religious constitution and therefore feel that the religious component does not really strengthen or influence their therapy experience. This may also be the case for many participants who do not comment on the religious material.

Secondly, a reason for possible withdrawal, especially within the demographic of participants for this study, is the presence of guilt and shame brought on by religion (Faive O'Brien & Ingersoll, 2000). Many religious individuals still stigmatise mental illness patients, and make them feel that it is their fault for being ill because of sin. There is further insinuation made that by prayer, fasting and repentance, mental illness should disappear (Wesselmann & Graziano, 2010). According to Exline et al. (2000, p. 1482) "Religion can serve as a focal point for personal strain or conflict" for so many patients who seek therapy. This could possibly be because people with mental illness often experience strain in their religious life, and feel guilty and ashamed for struggling with mental illness when the world teaches that religion should bring you comfort, joy and healing. A seemingly irreconcilable rupture between 'what is' and 'what should be' grows in these conditions, making self-acceptance exceedingly difficult, further dividing or even fragmenting a person's sense of self. Religious strain can cause a deepening of depression (Exline et al., 2000), as well as further exile or isolation from self and others.

These factors alone show why individuals may withdraw or respond 'negatively' to religious content. However, this is a rich topic on its own and is beyond the scope of this paper to fully explore. This study shows that the decision to include religious material should be taken with great care in future research or practice.

### **5.3 THEME 2: EXPERIENCE OF COLLECTIVE SINGING DURING ADAPTED GIM**

This theme envelops all the findings on the patients' experience of group singing during the adapted GIM session. The sub-themes that will be discussed are Joy and Pleasure, Connectedness, and Guided Imagery.

#### **5.3.1 Joy and Pleasure**

The majority of the participants found the experience of singing along favourable in some way or another as there was a wide spectrum of positive feedback. The data showed that the act of singing together in a group brought about the experience of enjoyment as the responses ranged from "fun" (R2, Q1), and "enjoyed it" (R46, Q1) to "enjoyable" (R5, Q1). The data also showed that for some participants it was a notable experience with descriptions like "great" (R127, Q1), "exciting" (R84, Q1), and "I loved it" (R3, Q1). These findings are congruent with the literature, which shows that singing increases positive feelings like joy and pleasure (Bailey & Davidson 2003; Clift et al., 2017). This study does not predict how these positive feelings may persist or influence the participants; however, the very experience of joy or pleasure should not be overlooked. Joy has been described as one of the symbols of the healing process (Fosha, 2000). For participants who have mental illnesses, it can be greatly beneficial and profound to have an experience of enjoyment and pleasure in a therapy session. This is due to the fact that many individuals who have been diagnosed with mental illness experience depression, anxiety, overwhelming feelings of despair, rejection, and failure.

Mental illness can deprive individuals of hope and the ability to find joy in anything. For example, anhedonia is defined as "markedly diminished interest or pleasure in all, or almost all activities most of the day, nearly every day" (American Psychiatric Association, 2013, p. 56). It is a prevalent symptom amongst individuals who have been diagnosed with mental illnesses such as major depressive disorder, schizophrenia, substance use disorders, and individuals experiencing chronic pain (Trøstheim et al., 2020). Anhedonia, amongst other symptoms, highlights the importance of experiences - even singular experiences - of pleasure or joy. Experiences of

pleasure and joy can bring a moment of respite from life circumstances and from chronic or acute symptoms. This moment of relief can ease the burden of the illness and possibly even become the birthplace of new hope. Experiences such as these may become part of the road to discovering one's own strength and recovering connection to the healthy parts that still live deep inside individuals (Davidson et al., 2006).

When one thinks of the word 'play', one might automatically think about words like 'fun' (R2, Q1; R112, Q1) and enjoyment (R30, Q1). In music therapy, the act of truly being with your patients in the moment within the music is considered as play. Kenny (2014, par. 8) describes it as "the process of how we create the interplay between these spaces of creativity and wonder in the music therapy experience." The literature has also shown that play can build self-esteem and can increase well-being. Through play, we access both joy and calmness, and when we experience relaxation during play, it fosters greater capacity for empathy and intimacy (Ward-Wimmer, 2003). The author further adds that "[p]lay becomes a natural and gentle environment in which the inner landscape can safely be explored in any language" (p. 4), in this case the language of music therapy and singing. Winnicott (1971, p. 54) states, "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative the individual discovers the self." Thus, it can be said that using music therapy and singing as the language of play, people with mental illness can reconnect with the healthy and creative parts of themselves that can bring about the experience of hope and joy.

### 5.3.2 Connectedness

This study found that singing in a group also brought the experience of feeling connected as a group for some participants as the data captured comments like "felt connected" (R61, Q1), "connected to group" (R67, Q1) and "singing almost forced participation" (R79, Q1). Connectedness can have a positive effect on people's well-being as it can motivate positive life choices within and beyond the social group. It can also create opportunity for self-reflection as people then, in turn, experience improved self-knowledge within the relationships they experience and an increase in self-worth (Townsend & McWhirter 2005). The literature agrees that singing together in a group can foster social connection and give people a sense of belonging as they experience social inclusion within the group (Dingle et al., 2013; Gridley et al., 2011). This could be an exceptional experience for individuals diagnosed with mental illness who frequently feel isolated. Mental illness is isolating, which is naturally the very antithesis of feeling connected. According to the literature, isolation can both be a cause for mental illness and/or an effect of

mental illness because of the associated stigma people with mental illness face (Harvey & Brophy, 2011).

Individuals with mental illnesses experience social exclusion on multiple levels and one of the main reasons is stigma (Boardman, 2011). In accordance with this concept, it has been found that individuals with mental illnesses frequently struggle to find and maintain relationships, especially intimate ones because of the discrimination and stigma that they face (Wright et al., 2007). People with low levels of connectedness also experience feelings of loneliness, anxiety, jealousy and depression. On the other end of the spectrum, people who experience feeling connected eagerly participate in social groups and activities (Lee et al., 2001). This study supports the findings that group singing may foster the feeling of connectedness between participants and can cause the experience of feeling connected as a group. This in turn can elicit playfulness because of interactivity between individuals, and make the experience of singing together fun, enjoyable, and exciting for group members.

### 5.3.3 Guided imagery

With regard to singing along as part of the adapted GIM process, the data showed that there were varying responses. Some of the participants stated that singing “enhanced the mental experience” (R10, Q1), “made guiding easier” (R58, Q1), and it “guided the internal imagery” (R24, Q1). However, other participants felt that the singing “disrupted what was going through my mind” (R70, Q2), and “disengaged me from images” (R55, Q1). Singing is a very embodied and physical experience as one engages the muscles, diaphragm, and lungs intentionally whilst singing (Irons et al., 2012). This could then disengage participants from the transpersonal experience that GIM is so well known for as singing makes one aware of what is going on in one’s body, and can keep one focused on the present moment. This is not necessarily a good or a bad thing, it is just a different experience. This means that singing can provide an embodied and physical experience for some participants, which could be beneficial for deeper breathing and relaxation (Clift & Hancox, 2001).

There were also participants who experienced the aspects of group singing as “difficult” and felt it was “weird to sing” (R7, Q1) as singing brought “total discomfort” (R58, Q1). Some of the participants even stated that they felt that the singing aspect was not helpful and wanted it to stop. This type of response also concurs with the literature as it has been found that some participants find it extremely uncomfortable singing in a group setting and they experience no enjoyment in

the group singing process (Chong, 2010). There could be multiple reasons for participants' uncomfortable experience with, and negative attitude towards group singing. One participant's response - "Awful, Can't sing to save my life" (R109, Q1) could provide some indication as to why such discomfort may be experienced in group singing. Sometimes individuals feel vulnerable and conscious of other people's opinions of their voice, and maybe even have negative opinions of their own voices as well. It has, however, become apparent that the majority of the participants enjoyed the experience of group singing and felt that it made the connections between the participants stronger. The feeling of connectedness may in turn have brought about the experience of enjoyment and excitement amongst participants. Nonetheless, there were participants who experienced the group singing as uncomfortable and weird. This makes sense for people who are struggling with mental illness as there usually is a high probability of feeling rejected and isolated due to the stigmas around mental illness, as previously discussed. It is highly likely that because of the stigma and isolation, they have also experienced trauma within social groups, which can be a breeding ground for mistrust. More often than not, individuals with mental illness stay away from social leisure activities due to discrimination, and sometimes because of the nature of their mental illness (Boardman, 2011). It could be argued that people who struggle with mental illness have a fragmented or broken sense of self and therefore struggle to feel connected with others because of the discourse experienced internally.

## **5.4 THEME 3: PRESENCE AND VOICE OF THERAPIST**

It was interesting to note that although neither Question 9 or 10 from the qualitative questionnaires directly asked for responses regarding the therapist, there were quite a number of responses that spoke directly about the therapist's presence and the therapist's voice. It clearly showed that the therapist's presence and voice played a vital role in how the participants experienced being sung to. The data showed that the therapist's presence was acknowledged and felt by the participants: "The therapist led me well" (R50, Q1), "The therapist was confident" (R46, Q1), "The therapist was good" (R91, Q1), and "Strong awareness of therapist" (R46, Q1). Carl Rogers, who is known for being the founder of person-centered therapy, placed great emphasis on the presence of the therapist at the end of his career. He believed that just the true and authentic presence of the therapist could be enough for clients to experience healing (Baldwin, 1987). Hayes and Vinca (2017, p. 86) write that "[p]resence is a state of being aware of and centered in oneself while maintaining attunement to and engagement with another person." Geller and Greenberg (2002, p. 72) further describe presence as "bringing one's whole self into the encounter with clients, by

being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually.” A therapist's ability to be fully present could have a real effect on the therapeutic environment as this creates a safe, supportive, and nurturing connection with the clients, allowing clients to open up (Beernink, 2021). For music therapists to be able to cater musically and therapeutically to their patients' needs, they truly have to be present within themselves and present with their patients. Moreover, they need to be present within the therapeutic space to be able to effectively create the needed presence musically required for therapeutic experiences.

Guerrero et al. (2016) describe Robins' (1993) diagram called 'poised in the creative now', which shows the wide range of learned and natural skills that a music therapist needs to guide the therapy process. In this diagram, aspects like musical background and training are emphasised, as well as having trust in one's own abilities. It should therefore be assumed that the music therapist should be highly skilled musically and therapeutically in order to provide a truly therapeutic experience. The finding of this study emphasise the importance of a highly musically skilled therapist as there was positive feedback in the data regarding the therapist generally, as well as her talent, with a few responses reading: “therapist is talented” (R43, Q1), and “positive experience of therapist” (R74, Q1). The therapist's voice also influenced the participants' experience of being sung to, with many comments centring on the beauty of the therapist's voice, with the use of descriptive words like “heavenly” (R133, Q2), “calming” (R2, Q2), and “Angelic” (R131, Q2). Their responses regarding the therapist's voice was also overwhelmingly positive as the participants acknowledged that they enjoyed the therapist's voice and “could listen to her all day” (R6, Q2). One participant even commented that they had an “experience of healing through therapist voice” (R84, Q2). This study clearly had a highly skilled music therapist who ~~was highly skilled in using~~ her voice therapeutically. She presumably also had a voice that was aesthetically very pleasing as it created ambience, as well as a calming and soothing presence. It also seems as if the aesthetic nature of the therapist's voice was one of the features that facilitated and created calmness and the experience of healing for some of the participants. It could be interesting for future studies to focus on the therapeutic value of different types and qualities of singing voices within the therapeutic space, since the quality of the therapist's voice appeared to have a tangible effect on the experience of the participants in this study.

## 5.5 THEME 4: FREEDOM OF CHOICE IN PARTICIPATION

Since this study used both active and receptive therapy techniques, the participants had the freedom to choose if they wanted to sing along or if they just wanted to listen.

Responses like: “didn’t sing, still fun” (R36, Q1), “preferred not to sing along” (R70, Q1), and “didn’t want to sing” (R36, Q4) showed that the participants were exercising their freedom of choice within the therapy session. It is always important to remember that in any music therapy session, the therapist must be able to give the participants the freedom to choose if and how they want to participate. Encouragement of freedom of choice also allows a more authentic response, naturally, as there is no pressure to perform in a particular way. Promoting autonomy in therapeutic sessions has been proven to reduce participants’ tension during sessions, promoting more positive moods and longer concentration, and even empowering patients. It has also proven to motivate patients’ therapeutic progress (Pelletier et al., 1997). Thus, the act of being able to provide a space for individuals with mental illness to self-govern, and providing independence of choice can be truly profound. Many, if not most of the time, individuals with mental illness are stripped of their ability to make their own choices. This is because having a mental disorder “impairs an individual in one or more areas of functioning” according to the DSM-V (American Psychological Association, 2013, p. 639). Bolton et al. (2012) state that when a person is mentally ill, “their mental states and behaviours may not be considered a true expression of themselves and therefore as lacking autonomy” (p. 80). On another level, individuals with mental illness also lack autonomy when it comes to freedom of choice as other people, such as family and caretakers, start making choices for them (Bolton et al., 2012).

There could have been multiple reasons as to why the participants chose to only listen and not to sing along during the sessions. Some of the reasons have previously been discussed in Theme 2, for example: feeling vulnerable; being self-aware; not knowing the songs or just not enjoying singing. Some might even have felt that they would rather just enjoy listening to the therapist and the group than sing to themselves as it was stated: “Listening was nice” (R37, Q2). Another reason why the participants may have exercised their choice not to sing along is because they experienced the singing as being very “active” (R119, Q1), “action filled” (R101, Q3), and would “rather listen than sing” (R27, Q1). This could be due to the fact that many times, mental illness causes individuals to feel lethargic, disinterested, and uninvolved (Torpy et al., 2009). Consequently, the act of singing could feel like too much work and they simply do not have the energy to engage in it.

## **5.6 THEME 5: STRENGTHENING AND UPLIFTING**

Throughout the sessions, it seems as though the participants had many different experiences that could be summarised as leaving them feeling strengthened and uplifted. However, identifying a

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suitable title for the theme was particularly challenging due to the many different kinds of experiences that were elicited. This supports Diener et al.'s (2009) explanation that experiences in any area, such as happiness, are multi-faceted. Thus, how the sessions are experienced may differ from one person to another. One of those experiences was giving the participants the feeling of being refreshed. Some of the comments were, "It was refreshing and rejuvenating" (R59, Question 10), while another participant felt that it brought "rebalancing of energy" (R11, Q2) and that the experience had "promoted a better lifestyle" (R120, Q2). This is congruent with the results of Nakayama et al.'s (2009) study, which found that the feeling of being refreshed was significantly increased through music therapy.

The participants also stated that they experienced release. Some felt it physically, "physically feel release" (R116, Q1), while others experienced it emotionally, "emotional release" (R39, Q1). Another participant said that singing "assisted them in opening up" (R9, Q1) and allowed them the opportunity to "experience relief" (R3, Q2). This could possibly be attributed to a few components of the therapy sessions that could have led to this experience. As discussed in Theme 3, the role of the therapist seems to affect the participants' experience in multiple ways. The data has shown that the participants felt that the therapist led them well. This may have created a space where the participants felt safe enough to be able to let go of their built up emotions and experience physical and/or emotional release.

The participants also stated that they experienced feeling "inspired" (R5, Q2) and "encouraged" (R78, Q2), and felt like the singing component provided a feeling of "hope" (R122, Q3). This, in turn, allowed them to experience a feeling of being "uplifted" (R24, Q2). Ziv et al. (2010) explain hope within the context of positive psychology as a key component in the way in which an individual copes with success and failure. Hope can therefore be used as a tool to enhance mood and motivation, leaving an individual feeling uplifted (Hagan, 2012). The participants also felt "excitement" (R20, Q2) during the sessions as they "eagerly anticipated familiar songs" (R4, Q1). This links once again with Theme 1 on how important it is to choose the songs with care since it can elicit different experiences for different participants, as mentioned in the above paragraph. The data also showed that the participants described their experience as "powerful" (R5, Q1) and "captivating" (R14, Q1). Guided Imagery and music have often been seen and referenced as being powerful (Hunt, 2011; Bonny, 2010). In this study, combining an adapted version of GIM with singing also seemingly elicited a powerful experience for some participants.

### 5.6.1 Spirituality

The concept of spirituality was also captured by the data in this study. The participants stated that they “had a spiritual experience” (R81, Q3) and how it was “spiritually uplifting” (R15, Q1). Many people believe in some kind of non-physical world. Solgi and Safara (2018) Explain spirituality as a concept containing different key elements such as sacredness and interconnectedness. However, spirituality may mean different things within different contexts. This is, however, a complicated concept when it comes to mental illness as it has so many facets and has been associated with psychosis in, for instance, patients with schizophrenia. The same phenomenon that can be called spiritual for an individual seen as mentally stable could be seen as psychosis for an individual who is unstable. For example a mentally stable person could say that they’ve experienced the presence of ancestors and have received messages from them through prayer while a person who have been diagnosed with schizophrenia who say they’ve been receiving messages and talking to people who have passed away might be seen as psychosis. The literature confirms that singing in itself can be a spiritual experience as it is used in some cultures as part of their healing practices (Stacy, 2002). This study has also found that singing, whether listening to live singing or singing yourself, could possibly elicit the experience of healing and thus could also evoke a spiritual experience for the participant in that way. As previously stated, this study also ~~had~~ contained songs that had religious components to them. As some of the participants may not have appreciated the religious aspects, it could alternatively also have played a part in some participants having a more spiritual and/or transpersonal experience because of it as some stated that they “felt part of something bigger” (R96, Q1). Singing also gave them the experience of being “transported” (R9, Q2), with one participant even stating that “singing made me surpass my current circumstances” (R46, Q3). Song lyrics that feel inspiring and convey previously hidden truths that may become revelations for the listener could also cause one to have a spiritual experience. Therefore, part of having a spiritual experience could also be attributed to the lyrics of the songs used during the sessions.

### 5.7 THEME 6: RELAXATION AND GROUNDING

The participants acknowledged having the experience of feeling “relaxed” (R7, Q1); they also experienced “peace” (R88, Q1) and found the sessions “soothing” (R60, Q1) and “calming” (R67, Q2). It seems that singing also has the potential to help people destress as the participants stated

that they “experienced singing as a method to destress” (R50, Q1) and also that they “Didn’t need to know the words to songs to destress” (R50, Q2).

Many studies regarding singing have revealed the same findings in terms of how singing can bring about the experience of being relaxed (Bailey & Davidson, 2005; Beck et al., 2000; Clift, 2012). As previously stated, singing is a physical activity. When a person sings, they activate their lungs, vocal cords, and other muscles to support breath and to sustain and carry sound. Simply put, singing requires taking deep breaths in, and slowly and steadily letting the breath out. This is accompanied by the vibrations that the vocal folds make, which in turn produces sound (Seleshanko, 2002). This action has been found to be very relaxing as it regulates the breath, which can bring a high heart rate down. It is also the reason why breathing techniques are taught to persons who experience anxiety (Healthwise staff, 2020). Studies have shown how deep breathing plays a positive role in increasing the parasympathetic nervous system activity (Jokerst et al., 1999; Tian et al., 2018). This can be greatly beneficial as the parasympathetic nervous system is responsible for increasing digestion and helping to slow the heart rate down (Britannica, 2019). Studies have found that there is a prevalence of hypertension in most individuals diagnosed with bipolar disorder and/or anxiety (Johannessen et al., 2006; Osborn et al., 2008). Singing has shown to decrease high blood pressure and promote the relaxation of muscle tension (Moss et al., 2017). In this study, singing also seemed to elicit the experience of feeling relaxed.

Because singing is a physical activity, it can allow participants the experience of embodiment while singing. Taking and focusing on deep breaths, and engaging and relaxing muscles are all part of the process of producing sounds when singing. The notion of having an “embodied experience” (R35, Q2) while singing could mean that participants become aware of and take in the therapeutic experience through the senses of the body while singing. This can be a profound experience for individuals with mental illness as many experience various levels of dissociation from their bodies. Biasseti (2019, par. 1) writes, “Our body offers us a whole area of often untapped knowledge and awareness that is highly effective in creating lasting insight”. Singing thus appears to offer a gateway to an embodied experience or a deeper awareness of the body.

Many times, the notion of embodiment also brings about the experience of being and feeling grounded. Some of the participants also stated that singing afforded them the experience of feeling grounded as singing “centered” (R34, Q3) them and gave a feeling of being “rooted” (R121, Q2). When a person feels grounded, they usually feel present in their bodies, as well as centered and balanced despite the circumstances they might face (Langeveld, 2020). This can be an

uplifting and refreshing experience for people who struggle with mental illness as they often experience feeling fragmented and/or fighting negative or challenging feelings or, in the case of patients with PTSD, experience flashbacks of unwanted memories. Thus having a grounding experience could help such individuals to cope with distressing thoughts (Raypole, 2019).

## **5.8 THEME 7: EMOTIONAL REGULATION AND EXPRESSION**

The data analysis yielded numerous references to the notion of how singing afforded emotional expression and regulation. The participants stated that singing created the opportunity to be “heard for once” (R104, Q3) and served as a vehicle to give “emotional expression” (R112, Q4). The participants also stated that singing helped change their mood for the better. They expressed the idea that singing was a “coping mechanism” (R94, Q2) and that it “reduced feelings of frustration” (R41, Q1). Many responses expressed that the singing was “helpful” (R65, Q1) in some way or another, and a couple of responses also stated how singing was a vehicle for “healing” (R113, Q1). One of the most crucial aspects required for a person to experience mental health and well-being is the ability to regulate their affect states. Affect states, like emotions, moods, and our response towards stressors, shape how a person thinks, feels and behaves. When a person is unable to adjust and/or regulate their affect for optimal healthy functioning, this can be destructive to their mental health. It has been found that both affect misregulation and affect regulation failure, or a combination of the two can lead to mental illness (Gross et al., 2019). Singing has been shown to give participants the opportunity to really connect and access intense feelings whilst providing a safe outlet (Austin, 2003). This may further provide an opportunity to create emotional regulation, and enhance/increase positive emotions (Dingle et al., 2013). When looking at the data and the corresponding literature, it appears that singing can be a helpful mechanism to help people who have been diagnosed with mental illness to healthily regulate their affects and change their mood. Whether the helpful outcomes that singing provides last beyond the therapy session is, however, unclear and could be further investigated in future research.

## **5.9 THEME 8: SELF-REFLECTION AND INTROSPECTION**

The data of this study also revealed that singing gave the participants an opportunity for self-reflection as they experienced “self-awareness/emphasized experience of self” (R31, Q4) and it “provided introspection” (R72, Q3). As previously discussed and found in this study, music and singing has shown to be a mechanism for affect regulation. The research has shown that one of the ways in which people use music to regulate their emotions is by means of introspection (Van

Goethem & Sloboda, 2011). Introspection can be seen as the examination of one's own mental and emotional processes (Shankar, 2000). Sequentially, music has the ability to fully reflect our human nature, our behaviour, desires, conversations, and even our beauty (Coleman, 2021). It can be suggested that the songs and lyrics that were spoken about in Theme 1 provided the symbolic mirror for participants to be able to experience moments of self-reflection and introspection. Being able to have introspection and moments of self-reflection can improve the perception one has of oneself. The act of singing has also shown to improve participants' self-perception as their self-esteem is built and they feel they have more confidence (Dingle et al., 2013).

## **5.10 THEME 9: NEW EXPERIENCE**

In South Africa, music therapy is still considered a noticeably young practice in relation to other therapeutic practices in the mental health industry. In the year 2001, the first six South African trained music therapists graduated from the University of Pretoria (Pavlicevic, 2001). It is therefore understandable that many participants in this study have never experienced music therapy before. This was acknowledged in the data as a few participants wrote "something new" (R63, Q1) and "Took part for the first time in my life – amazing - alive" (R83, Question 10). A couple of participants also stated that they felt "a bit self-conscious in the beginning, when I was told it was going to happen, but when the time arrived it was a lovely experience" (R22, Question 10). This is understandable as most people who start therapy with a new therapist, and also any new type of therapy might experience some form of uncertainty and/or be self-conscious as they enter into an unknown environment. In a study that focused on the emotional isolation that patients who struggle with mental illness experience, only 27% of the patients showed up to participate in the study (Macdonald & Morley, 2001). They argue that the potential participants' idea of the nature of therapy may play a role in them choosing not to participate in therapy. For example, having to focus on upsetting emotions and painful memories, experiencing feelings of shame in having to disclose their most private thoughts and feelings, and not wanting to be assessed may inhibit the desire to attend sessions (Macdonald & Morley 2001). Many people who choose to forgo therapy experience these same thoughts. The authors further explained that 68% of the emotions experienced in therapy are undisclosed because of feelings of shame (Macdonald & Morley 2001). Once again, the research highlights the feelings of shame and guilt that patients feel due to the stigma that surrounds mental illness and going to therapy.

As previously discussed, other reasons why the participants may have felt self-conscious or vulnerable is because the act of singing in a group can also be unknown territory for them. Bodkin-Allen et al. (2019, p. 22) agree, maintaining that “singing is a basic human act, yet for so many the thought of singing where others may hear them induces anxiety.” New therapeutic experiences can be daunting as most people have a fear of the unknown and are uncertain as to what to expect. As music therapy is still considered a new field in the mental health industry in South Africa, it is understandable that the participants in this study did not know what to expect.

### **5.11 THE SINGING ENVIRONMENT AND WELL-BEING**

The key aspect of this study was to investigate how singing in a group music therapy setting was experienced in relation to the participants’ well-being. The literature states that well-being is a multi-dimensional concept and there are different areas that all play a part in how a person experiences their own well-being: physical; emotional/psychological; social; spiritual; intellectual; and economical (Wellbeing people, 2021). This study has found that singing allows for various experiences that could positively affect some of the aspects of well-being.

Physically, singing has shown to give the participants both an embodied and a relaxing experience, as seen in Theme 6. Singing helped the participants to destress and relax, as they stated that they “experienced singing as a method to destress” (R50, Q1) and “relax” (R7, Q1). This is in line with previous literature that has found that music therapy provides regulated levels of cortisol in the body, and thus, causes a significant decrease in symptoms of anxiety (Krauss, 2019). This, in turn, creates a beneficial influence on an individual’s psychological well-being. Physically singing engages and relaxes the muscles in the body. This can bring on an “embodied experience” (R35, Q2). The literature has shown that embodied practices help with mental health and well-being as they provide an opportunity for introspection, self-reflection, and self-realisation. These aspects have also been linked to mental health and well-being (Shutenko et al., 2017).

On the level of emotional and psychological well-being, introspection, self-reflection, and self-realisation were experienced through actively participating in singing. As seen in Theme 8 in data analysed in this study, singing gave an opportunity for self-reflection as the participants experienced “self-awareness/emphasized experience of self” (R31, Q4) and it “allowed time for reflection” (R52, Q3). This could further have resulted in an experience of “healing” (R125, Q1) as singing has shown to be “helpful and fulfilling” (R56, Q1), as seen in Theme 7.

The participants also experienced being “heard for once” (R104, Q3) and reported that singing served as a vehicle to give “emotional expression” (R112, Q4). The literature emphasises that individuals who strive towards emotional and psychological well-being should have positive and constructive ways of dealing with and managing stress and anxiety levels (Smith et al., 2020). In this study, singing helped to change the participants' moods for the better. The participants also expressed that singing was a “coping mechanism” (R94, Q2) and that it “reduced feelings of frustration” (R41, Q1). One of the aspects that contributes to well-being is happiness (Davis, 2019). Joy has also been described as one of the symbols of the process of healing (Fosha, 2000). This study showed that singing and listening to live singing provided an experience of joy and having fun, as seen in Theme 2. Singing together in a group was described as “fun” (R2, Q1) as it was experienced as being “enjoyable” (R5, Q1). In Theme 4, the promotion of autonomy during the therapy sessions was captured as the participants were able to choose how and if they wanted to engage in the action of singing. This is an important aspect as the act of autonomy has also been proven to aid in individuals' well-being (Carmeli et al., 2009).

Socially singing in a group also caused the experience of feeling connected, as seen in Theme 2. The participants stated that they felt “connected to the group” (R67, Q1). The literature states that singing together in a group can foster social connection and give people a sense of belonging as they experience social inclusion within the group (Dingle et al., 2013; Gridley et al., 2011). In return, having positive and strong social connections have been proven to strengthen mental health and well-being (Smith et al., 2020).

Another level of well-being is spirituality. Theme 5 recorded the singing as being a spiritual experience as it was described as “spiritually uplifting” (R15, Q1). Singing also helped with participants' “rebalancing of energy” (R11, Q2) and the promotion of “a better lifestyle” (R120, Q2).

This study has shown that singing allows for and promotes various experiences that can contribute to the multiple levels of an individual's well-being.

## **5.12 IMPLICATIONS FOR PRACTICE**

It is evident that the adapted GIM and singing programme on which this study was based have yielded some extraordinary experiences for participants who have been diagnosed with mental illness. It is, however, important to note that this programme has been moulded and shaped for

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many years with specific considerations regarding the population within this particular private mental health institute. Therefore, it is advised that any form of adapted GIM and singing be specifically and carefully implemented with the target population in mind, taking the utmost care in choosing the correct songs and being very specific with how lyrics and language are used. Furthermore, the demographic of the participants must be considered, especially in countries with diverse cultures as the notion of language and religion can influence the participants' experience. It is of the utmost importance that the music therapist be highly skilled, both therapeutically and musically, as the therapist's singing voice provides a supportive, safe, and therapeutic presence.

## CHAPTER 6 CONCLUSION

### 6.1 AIM OF THE STUDY

The aim of the study was to explore the participants' experience of being sung to and actively singing in a group music therapy setting within a private mental health hospital. The bigger study, of which this study formed a part, was conducted in an adult mental health care facility in South Africa from October 2018 to October 2019. This study contributes to advancing an understanding of the use of singing in group music therapy in the private mental health care sector in South Africa. The findings may be useful for other music therapy practitioners, mental health sector practitioners, and researchers in this field.

### 6.2 SUMMARY OF THE FINDINGS

In this study, two questions were analysed pertaining to the singing component of the aforementioned music therapy study. Through the use of thematic analysis, the following nine themes emerged from the data: presence and voice of therapist ; experience of song choice and content; experience of collective singing during adapted GIM; freedom of participation; strengthening and upliftment; relaxation and grounding; emotional regulation and expression; self-reflection and introspection; and a new experience.

The presence and voice of the therapist, and the choice of songs and song content were key components influencing the participants' experience of being sung to and actively singing in the group music therapy setting. The findings of this study suggest the importance of proficient technical vocal skill, as well as a strong, holding presence from the therapist when working with vocal techniques in music therapy. Rogers believed that simply the true and authentic presence of the therapist could be enough for clients to experience healing (Baldwin,1987). The therapist in this case also had a voice that was aesthetically pleasing, which created ambience and a calming and soothing presence, facilitating the experience of healing for some participants. This, combined with the therapist's presence, elicited many positive, cathartic, and profound experiences for the participants. The song choices and content featured elements like different languages and aspects of religion, which affected the participants' experience of the therapy. It should be said that practitioners need to be mindful of the different experiences that multicultural songs and religious lyrics may have in a therapeutic space.

Singing in a group was, for the most part, very well received as it provided an experience of joy, pleasure, and connectedness within the group. It afforded the participants cathartic experiences in the form of positive mood changes, the opportunity for emotional expression, and emotional release. It also aided in regulating emotions and was seen as a healing experience. Singing guided the participants into experiences of relaxation, and facilitated a space for feeling grounded and having embodied experiences. This provided an opportunity for the participants to really engage in self-reflection and introspection. All of the above can be seen as attributes that positively affect and aid in a person's well-being, as substantiated by the literature in Chapter 5.

There is a liberal amount of literature that gives a positive account of the effects of music therapy on mental health users internationally, and the positive and cost-effective use of group therapy. However, no literature on music therapy in a private mental health care setting in the South African context exists. Although this study is set in the private mental health sector, it may also contribute to the inclusion of group music therapy in the area of adult mental health within community, public and Non-Governmental Organisation (NGO) settings.

### **6.3 LIMITATIONS AND RECOMMENDATIONS**

A potential limitation of this study was the fact that I only analysed two questions from the 12-question questionnaire. This meant that I may have potentially missed some applicable data that also could have contributed to the understanding of the singing experience and its relation to well-being. Due to the fact that the patients were not asked to disclose their diagnosis on the questionnaire, for the purposes of confidentiality, it was not possible for the study to draw any inferences pertaining to the specific impact of the singing environment on any one particular diagnostic group. I would therefore recommend that future studies focus on a specific diagnostic group to gain even more insight on how singing could impact groups with a specific diagnosis.

### **6.4 CONCLUSION**

Through this study, I hope to have shown how singing can be a powerful technique used in music therapy with adult mental health patients, and how it can positively contribute to their well-being. Singing in a group has shown to be about much more than just enjoyment, as the therapeutic potential of this form of therapy is vast. The voice is such a powerful instrument, and utilising it in a therapeutic space can bring about profound and powerful affordances for individuals.

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**Impact of a group music therapy intervention in private mental health care in South Africa**

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## APPENDIX A

### INFORMATION LETTER AND CONSENT FORM

#### FACULTY OF HUMANITIES

#### DEPARTMENT of MUSIC

Music Therapy Unit

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

**Title: Exploring the impact of a group music therapy intervention on adult Mental Health Users in a private mental health care hospital.**

**Dear Potential Research Participant**

· **Introduction**

I invite you to participate in a research study. The information leaflet will assist you in making the choice to participate in this study. Before you agree to take part you should fully understand what is involved. Should you have any questions that this document does not cover, please do not hesitate to ask the investigators Dr Carol Lotter or Mrs Karen de Kock. Your participation in group music therapy suggested to us that you might be a candidate for this study. That is why we are approaching you.

· **The nature and purpose of this study**

This research aims to document the responses and experience of adult Mental Health Users (MHU's) who have participated in group music therapy during their hospital stay.

· **Explanation of procedures**

Participants who have been referred to group music therapy sessions, conducted by the resident music therapist Mrs Karen de Kock, will be invited to complete a questionnaire at the conclusion of the hospital stay. The questionnaire comprises 12 questions which invite participants to describe and reflect on their experience of group music therapy. These questionnaires will be anonymously completed. All research data generated by the questionnaires will be stored for a period of 15 years as per requirement of the University of Pretoria.

The music therapy will be in addition to standard treatment and will not affect the standard treatment that you receive.

· **Risk and discomfort involved**

There are no significant risks in participating in this study. Should you become uncomfortable, you are welcome to say so and even leave the sessions. You may also withdraw from participation in the study at any time. Should the sessions upset you, you may also request that we bring it under the attention of your treating team.

· **Possible benefits of this study**

It is documented in music therapy literature that music therapy techniques offer psycho-social support to clients diagnosed with mental health challenges. Your participation in this study will shed further light on the benefits of group music therapy as part of a hospital therapeutic treatment programme.

· **What are your rights as a participant?**

Your participation in this study is entirely voluntary. You can refuse to participate or withdraw at any time during the study without providing a reason. Your withdrawal will not affect you, your treatment or the duration of your stay in hospital in any way. Should you wish to not complete the questionnaire, this will not prohibit you from freely participating in the group music therapy sessions.

**Impact of a group music therapy intervention in private mental health care in South Africa****· Has the study received ethical approval?**

This study has received a written approval from the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria. A copy of the approval letter is available should you wish to read it. We also have permission from the Director: medical services, Vista Psychiatric Hospital to conduct this study.

**· Information and contact person**

The contact person for this study is Dr Carol Lotter. Should you have any questions about the study please contact her at 012 420 5372 (w) or mobile 0834626173. Alternatively you may contact her co-researcher Mrs Karen de Kock at 084 792 7865.

**· Compensation**

Your participation is voluntary. No compensation will be given for your participation.

**· Confidentiality**

All information arising from the questionnaire will be kept confidential. The analysis of the questionnaire as well as further research reports or articles will not include any information that may identify you in any way.

**INFORMED CONSENT TO PARTICIPATE IN THIS STUDY**

I confirm that the investigator requesting my participation in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have been provided with the information in this document and have read and understood the above written information regarding the study. I understand that the results of the study, including personal details will be anonymously processed into the research reports and articles. I am participating willingly. I have had time to ask questions and have no objection to participating in this study. I understand that there is no penalty should I wish to discontinue with the study and that my withdrawal will not affect me in any way, and my not wanting to complete the questionnaire does not prohibit me from still attending group music therapy as part of my treatment programme.

I have received a signed copy of the informed consent agreement.

Participant's name..... (please print)

Participant's signature..... Date:.....

Investigators' names..... (please print)

Investigators' signatures..... Date:.....

Witness's name.....(please print)

Witness's signature..... Date:.....

## APPENDIX B

### QUESTIONNAIRE

#### GROUP MUSIC THERAPY RESEARCH QUESTIONNAIRE ADULT MENTAL HEALTH USERS, VISTA PSYCHIATRIC HOSPITAL

Please complete the information below. Do not write your name on this questionnaire.

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Language: \_\_\_\_\_

Occupation: \_\_\_\_\_

First admission to Vista Psychiatric Hospital \_\_\_\_\_

Re-admission to Vista Psychiatric Hospital \_\_\_\_\_

Number of group music therapy sessions attended \_\_\_\_\_

Date: 20\_\_ / \_\_ / \_\_

1. What were your expectations of the group music therapy session?

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2. How did your experience compare with these expectations?

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**3. Describe your experience of the group music therapy session**

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**4. What did you experience as most helpful?**

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**5. What did you experience as least helpful?**

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**6. How did you experience the drumming component of the session?**

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**7. How did you experience the music-centred guided imagery process?**

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**8. How did you experience creating images in response to the music?**

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**9. How did you experience listening to the songs being sung by the music therapist during the guided imagery process?**

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**10. Describe your experience participating in singing during the guided imagery process?**

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**11. Comment on any additional reflections you may have from the group music therapy session**

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**12. In which ways do you feel group music therapy benefitted you during your hospital stay at Vista Psychiatric hospital?**

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Thank you for your participation in completing this questionnaire.

## APPENDIX C

### FINDING THEMES:

How do adult patients in a private mental health care facility experience singing in a group music therapy intervention in relation to their wellbeing ?

What are the components of this experience?

#### **presence and voice of therapist:**

*RESPONSE TO THERAPIST*

*QUALITY OF THERAPIST VOICE*

*PRESENCE OF THERAPIST*

*RESPONSE TO THERAPIST VOICE*

#### **Experience of song choice and content**

**PERCEPTION OF SONGS**

**IMPORTANCE OF LYRICS**

**RESPONSE TO MULTI-CULTURAL SONGS**

**INCLUSIVITY**

**RELIGIOUS COMPONENT UNHELPFUL**

#### **EXPERIENCE OF COLLECTIVE SINGING DURING ADAPTED GIM**

**EXPERIENCE OF SINGING ALONG**

**EASY TO SING ALONG**

**CONNECTEDNESS**

**MUSIC ASSISTED ADAPTED GIM PROCESS (music facilitated imagery)**

**SINGING INTERRUPTED IMAGERY**

#### **FREEDOM OF CHOICE IN PARTICIPATION**

**CHOICE IN NATURE OF PARTICIPATION**

**ACTIVE**

**ENJOYED LISTENING**

#### **STRENGTHENING AND UPLIFTING**

**REFRESHING EXPERIENCE**

**RELEASE**

**INSPIRATIONAL**

**SURPRISED**

**EXCITEMENT**

**POWERFUL EXPERIENCE**

**SPIRITUAL EXPERIENCE**

**RELAXATION AND GROUNDING**

RELAXATION

SINGING HELPED TO DESTRESS

SLEEP PROMOTING

GROUNDING EXPERIENCE

EMBODIED EXPERIENCE

**EMOTIONAL REGULATION AND EXPRESSION**

MOOD CHANGING

EMOTIONAL EXPRESSION

EVOKED EMOTIONAL RESPONSE

HELPFUL TOWARDS PERSONAL HEALING

**SELF REFLECTION AND INTROSPECTION**

ELICITING VALUES

COGNITIVE RESPONSE

SELF REFLECTION

**NEW EXPERIENCE**

FIRST TIME EXPERIENCE

INITIALLY UNCERTAIN

## **APPENDIX D**

Data Analysis

See attached excel file