Students' experiences at community placements: drawing from a Community Music Therapy framework

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Abstract

This study explores the experiences of a group of music therapy students in setting up and working at three community placements: a residential home for the mentally disabled, an HIV/Aids clinic at a state hospital and a shelter for homeless boys. The study investigates how these students made use of a Community Music Therapy framework in conducting, reflecting on and discussing the music therapy work at these placements.

The research was conducted utilizing qualitative research methodology and data were in the form of three semi-structured interviews which were conducted with the six students - two from each placement. Transcriptions of the interviews were subjected to content analysis by the researcher and these findings are discussed in relation to seven categories, namely *Space and Boundaries, Performance, Community Music Therapy Theory, Staff's varying Attitudes and Involvement, Goals and Value, Logistics and Challenges, and Students' Personal Development*. Lastly three themes that emerged from the data, namely *Shifting the boundaries: music therapy inside and out; Interacting with the context* and *Students' development: professional and personal growth,* are discussed.

Keywords:

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Chapter 1

Introduction

1.1 Background and context

This research study grew out of my personal experience as one of the first group of music therapy students to all participate in community internship placements as part of the University of Pretoria's Music Therapy Masters programme.

Students in the Music Therapy Masters course at the University of Pretoria are trained in a field-based approach which means that their two year training includes 1000 hours of supervised clinical internship at various placement sites in and around Pretoria. The training course, the only of its kind in South Africa, has its roots in Creative Music Therapy, an improvisational model of music therapy focussing on work with individual clients and small groups (Pavlicevic 1997:1).

Although internship placements utilizing Creative Music Therapy principles are still highly valuable, in addition to these placements all students are, as of 2009, also expected to establish their own community placement. Students are required to flexibly design the most suitable music therapy programme for each of these placements and to use a socio-culturally sensitive Community Music Therapy[1] framework (Du Preez 2007:50) in doing so. There are a few main reasons for incorporating this type of community placement in this training course. Constrained resources in many communities in South Africa limit the possibilities for individual therapy and graduate music therapists are therefore required to approach work in these settings creatively (Pavlicevic 2006:94; Oosthuizen *et al.* 2007:11). Community Music Therapy has gained prominence in international and local literature and practice as a way of conducting and understanding more diverse, community-based work (Stige 2002a:29). The South African context is unique and diverse, and the challenge for music therapy is to develop as a contextually relevant, culturally sensitive profession. Community Music Therapy provides many tools for developing such a context-sensitive approach (Ruud 2004:12; Stige 2004a:93) to music therapy in this country. Most music therapists are required to create job opportunities for themselves upon graduating as positions are highly

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[1] Throughout this study I will be using the capitalised form 'Community Music Therapy' in line with its use by all of the authors of the 2004 *Community Music Therapy* anthology, edited by G. Ansdell and M. Pavlicevic. When I use direct quotations that include the term 'community music therapy' without capitalisation, this is in accordance with the original text.

limited. Setting up a community placement on their own therefore gives them valuable experience in preparation for working (Theron 2006:48).

As part of the group of students who set up community placements this year I witnessed (and participated in) discussions concerning how to conceptualize Community Music Therapy in the context of particular placements. I noticed many interesting questions emerging. What does Community Music Therapy mean here? What aspects of Community Music Therapy are we drawing on and not drawing on? How is this similar to and different from our work at the placements where our sessions are mainly based on Creative Music Therapy principles, techniques, and ways of thinking? I realised that this situation provided me with an opportunity to study internship at community placements in terms of the general experiences of the six students involved (excluding myself) and also more specifically in light of how the students used Community Music Therapy as a framework to inform, reflect upon and discuss their work.

This study offers insight into the role of community placements as part of the University of Pretoria's Music Therapy Masters training programme. It is also valuable more broadly in terms of understanding music therapy community work in South Africa, as well as contributing to an understanding of how a Community Music Therapy framework can be useful in conducting and reflecting upon this type of work. In other words, the experiences of this first group of students in setting up and working at community placements could be useful to future students, educators and to other music therapists in South Africa.

1.2 Aims of the study

With this research study I aim to explore the experiences of the 2009 group of music therapy students at the University of Pretoria in establishing and working at community placements. I also aim to investigate how these students used Community Music Therapy as a framework for conducting and discussing this work. I hope to contribute to knowledge concerning community placements as part of the University of Pretoria's Music Therapy training programme as well as to inform music therapy community work more broadly in South Africa.

1.3 Research questions

This study is guided by two research questions, namely

1. How did student music therapists experience setting up and working at community placements?
2. How was Community Music Therapy used as a framework to inform, reflect upon and discuss this work?

1.4 Chapter outline

The rest of this paper is structured in the following way:

In chapter two I discuss the relevant literature regarding the topics of Community Music Therapy and the notion of studying the experiences of students. The third chapter explains the methodology that was used to study the students' experiences. Chapter four is a description of the data analysis process and in chapter five I discuss the findings of the data analysis. In the conclusion, chapter 6, I summarise the findings of this study and I make recommendations for future research.

Chapter 2

Literature Review

In this chapter I will be reviewing literature related to what can be understood as 'the framework of Community Music Therapy'. I will then discuss literature concerning Community Music Therapy in South Africa. Lastly, I will elaborate on the notion of studying the experiences of music therapy students.

2.1 Community Music Therapy literature

A number of authors have written key texts in the Community Music Therapy literature (Ansdell 2002, Stige 2002a & 2002b, Wood 2006). In 2004, Ansdell and Pavlicevic edited the first anthology of Community Music Therapy which contained a collection of texts by various authors regarding the subject. A number of chapters from this book will be discussed in this literature review (Aigen 2004, Ansdell 2004, Pavlicevic & Ansdell 2004, Procter 2004, Ruud 2004, Stige 2004a, Wood *et al.* 2004).

Leading authors in the field discuss whether Community Music Therapy is a discourse, an area of practice, a field, a movement, a model or a paradigm (Pavlicevic & Ansdell 2004:20, Stige 2004a:92). A single definition of Community Music Therapy is therefore not available. Stige (2004a:93), argues that although different perspectives abound, there does seem to be a shared focus between the different music therapists who talk about Community Music Therapy.

As will become evident, Community Music Therapy authors (Stige 2004b, Pavlicevic 2004a, Ansdell 2002) place an increased emphasis on the importance of context. This means that Community Music Therapy is not a model that is directly transferable from one context to another but there are some basic, foundational approaches within Community Music Therapy that can be used as a structure and guide for practice and research. For the purpose of this study, I will be using the term "framework" to denote this. When referring to Community Music Therapy in this study, I am therefore referring to a collection of ideas, as set out by various authors that can be used when considering Community Music Therapy work. Approaching Community Music Therapy as a framework is also consistent with Du Preez's (2007:11) and Woodward's (2004:5) usage of the term.

At the turn of the century, Community Music Therapy started gaining prominence in international literature, especially in British and Scandinavian fields (Stige 2002a:29). Stige (2004b:1) writes about the difficulty of defining Community Music Therapy in the following way:

> It could be argued that the whole business of defining community music therapy is somewhat suspicious, since a) community music therapy is about sensitivity to context and therefore must be defined in context, and b) the discourse on community music therapy is only beginning to develop, so any definition runs the risk of narrowing things down before the dialogues have even started.

What is clear from the above quotation is that authors who write about Community Music Therapy place an increased emphasis on the importance of context. Ruud (2004:12) describes Community Music Therapy as an approach that is "sensitive to cultures and contexts" and Pavlicevic (2004a:45) writes that context needs to define how music therapy happens and is thought about.

Ansdell (as cited in Pavlicevic & Ansdell 2004:21) suggested a working definition of Community Music Therapy as "an anti-model that encourages therapists to resist one-size-fits-all-anywhere models (of any kind), and instead to follow where the needs of clients, contexts and music leads". This notion of Community Music Therapy places it in contrast to the "consensus model". Ansdell (2002:131) formulated the term "consensus model" as a "thinking tool to contrast the practices, theory and assumptions of music psychotherapy with the newer practices and ideas" of Community Music Therapy. As a thinking tool, the consensus model concept provides useful material for discussion and debate but it is not suggested that all music therapy practices will fit into either the consensus model or within Community Music Therapy. Rather, as Curtis and Mercado (2004:5) state, Community Music Therapy represents a broadening view of music therapy as opposed to a substitute for previous views.

Ansdell's landmark article entitled *Community Music Therapy and the Winds of Change*, written in 2002, is particularly useful in explaining Community Music Therapy. I have structured the remainder of this section on Community Music Therapy according to four key features described in this article: identities and roles; sites and boundaries; aims and means; and assumptions and attitudes. I will now integrate an exploration of a variety of texts under each of these features instead of discussing each author's work separately as is customary in a literature review.

2.1.1 Identities and roles

Ansdell (2002:132) writes that the consensus model advocates for the "exclusive identity of a 'Music Therapist'" implying that music therapists are not to be seen as music educators, community musicians or music healers. He states that in Community Music Therapy, however, music therapists are encouraged to reconsider their identity and role as therapists. Stige (2004a:106-108) also voices his opinion about this by saying that the role of the music therapist could change from being a conventional music therapist to becoming "a facilitator, an advocate, a project coordinator, a consultant, or simply part of the caring and supportive and social network".

Brown (2002:83) points out that music therapists are working in an ever-increasing multitude of settings and that they need to adapt their thinking accordingly. A Community Music Therapy framework calls for the use of different musical formats or activities in ways that benefit the client (Wood 2006:9) and are most appropriate for the context (Pavlicevic 2006:90). Therefore, the therapist may need a number of skills in order to be able to adjust to their role in context. Wood (2006:13) also outlines a list of emerging skills that are important for the therapist in Community Music Therapy work. The list includes improvisation, accompanying, creating performance opportunities, collaborating with other agencies such as the media, working with a learning focus and facilitating workshops.

The Community Music Therapist considers his/her role both as a musician and as a therapist (Ansdell 2002:133). Woodward explains this by suggesting that Community Music Therapists must ask themselves the question: "What can I offer that a musician cannot?" (Woodward 2004:5)

2.1.2 Sites and boundaries

Ansdell writes that within the consensus model the physical and personal boundaries of therapy are defined in such a way that music therapists work mostly privately and "behind closed doors" (Ansdell 2002:133). Community Music Therapists, however, will work both within and beyond these boundaries, wherever music-making is deemed necessary. According to Ansdell (2002:133), in addition to working privately in the treatment room, the music therapist may have to work "publicly in halls, corridors, bedrooms, or even car parks". Wood's "Matrix Model of Community Therapy" (Wood 2006:3) depicts a model where different music formats are used in ways that benefit the client and the context. These formats can include individual music therapy, group music therapy, tuition, performance projects, ensembles, music for special occasions, workshops and concert trips. Along similar

lines, Procter (2004:230) states that music therapy is "simply musicing in pursuit of well-being, wherever, whenever and however it happens."

Research (Ansdell, 2002; Aasgard, 2004) indicates that by extending music therapy's boundaries in this way, it becomes possible to involve all the role players in a community in different ways. Individuals are seen as individuals-in-context (Ansdell 2002:133) and therefore working with "circumstantial communities" of people forms part of the Community Music Therapy approach. Communities of circumstance are formed in institutions and hospitals when people come together due to the circumstance of their illness (Ansdell 2004:77). In Aasgard's work in paediatric hospital settings, for example, relatives of children were often part of the music therapy sessions and medical staff also played a role in the music-making by forming a hospital band and participating in other ways (Aasgard 2004:151).

Another interesting perspective about the boundaries of music therapy sessions is described by Pavlicevic (2004a:42), with regard to her work at Thembalethu. She explains that

> Within the conventional music therapy framework, we think of 'outside' and 'inside' being distinctive spaces. Here at Thembalethu, we cannot close the doors to everyday life…The outside world is, simply, a part of the work that we are doing and, in fact, it is not outside at all; it is right here, within the room where we work.

Regarding their work at a neurological rehabilitation centre in South-East England, Wood *et al.* (2004:51-52) describe their implementation of a three stage Community Music Therapy programme. The first stage comprised individual music therapy and the second stage made it possible for participants to become involved in music therapy groups and small workshops. The third stage of their programme shifted the boundaries outwards from the institution into the broader community by including the possibilities of performances, concert trips, enrolment in college courses and attending workshops outside the institution.

The element of performance is often discussed in literature concerning the key components of Community Music Therapy (Ansdell 2005, Procter 2004, Wood 2004 & Stige 2004b). O'Grady (2008:5) is of the opinion that one of the outcomes of Community Music Therapy has been to remind music therapists of how performance can be a valid therapeutic tool in some contexts and for some clients. Pavlicevic and Ansdell (2004:29) write that this is in contrast to the consensus model that "suggested strongly that musical performance was inappropriate to therapy".

According to Aigen (2004:211), incorporating performance in music therapy may pose challenges to music therapists regarding their own role and stance. He also adds that performance processes and dynamics must be managed in order to be congruent with clinical goals (Aigen 2004:213), and that working outside of the traditional therapeutic frame with performance "offers new possibilities for client development". Turry (2005:5) emphasises that music therapists must always remain vigilant to their client's unique needs, as in some instances performing may be too anxiety-provoking for individuals or it may reinforce narcissistic tendencies. According to him it is therefore necessary for the therapist to remain constantly reflexive about the advantages and disadvantages of public performances for each particular client or client group.

Ansdell (2005:1) also proposes exploring the potentials and problems of working with clients across the full continuum of private to public music therapy, including "music as a performance art within reflexive practice". This individual-communal continuum was described by Ansdell (2002:125) and illustrates how the boundaries of Community Music Therapy can move along the continuum from individual music therapy outwards.

2.1.3 Aims and Means

Ansdell (2002:135) states that a music therapist working from a consensus model perspective will direct his/her aims towards the individual client (or to individuals within a group). In contrast to working with only the individual in mind, Stige (2002b:328) writes that Community Music Therapy can be viewed as "music therapy practices that are linked to the local communities in which clients live and therapists work". His concept of "culturally-centered music therapy" is closely interwoven with that of Community Music Therapy and he states that "community is not only a context to be worked *in,* but a context to be worked with" (Stige 2004a:93).

According to Ansdell (2002:134) and Stige (2004b:5), Community Music Therapy emphasises an ecological perspective, which focuses on adjusting music therapy according to the context's needs. A systemic perspective forms a foundational part of a Community Music Therapy framework. In his book *Culture-Centered Music Therapy,* Stige (2002b:130-148) proposes that one could look at the context of music therapy according to the four layers of ecology, as set out by Bronfenbrenner. These include the microsystem (the individual's immediate setting, such as the family), mesosystem (two or more systems - like home and school - interacting), exosystem (settings in which the individual is not directly involved) and macrosystem (subculture or culture as a whole). He

argues that the traditional individual form of music therapy is a "microsystem port of entry" and that broader levels of entry are possible and sometimes even preferable. Ansdell (2002:134) writes that the aims that are formulated for the different systemic levels are not seen as independent, but as complementary.

An example of how systems theory has informed work by other music therapists can be found in the work of Woodward (2004:5), who proposes that the "music happenings" in communal areas of institutions can have positive influences in the environment by creating "a shared conscious aesthetic experience".

2.1.4 Assumptions and Attitudes

Ansdell argues that in the consensus model the "[c]ultural and social determinants of selfhood are seldom theorised or worked with", but music is seen as an "introspective phenomenon" (Ansdell 2002:136). He writes that Community Music Therapy is a music centred approach in that it suggests that interpersonal and social change through musical change is possible (Ansdell 2002:136). There are two concepts that are central when considering Community Music Therapy as a music-centred approach, that of *musicing* (Small, as cited by Stige 2002b:100; Elliot, as cited by Ansdell 2004:70) and *musical communitas* (Ruud, as cited by Pavlicevic & Ansdell 2004:27).

One of the main assumptions of Community Music Therapy is that music is an active social and cultural process. This is encapsulated in the term *musicing,* which features frequently in literature about Community Music Therapy (Pavlicevic 2006; Ansdell 2004; Stige 2002a). According to Stige, *musicing* is a verb, denoting music as a process and an activity. It is a concept that was defined by the musicologist Christopher Small in 1998 and separately described by David Elliot in 1995 (Ansdell 2004:70,72). Small (as cited by Stige 2002b:100) writes that "'to music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance…or by dancing'". Pavlicevic (2003) explains it by saying that 'musicing' implies that we are engaged in music, with music and through music. She says that when referring to 'musicing', the 'musicers' are important, as it is a social activity made possible because of human interaction. "Musicing" means that music is culturally and socially situated, and music is always culturally appropriated (Pavlicevic 2006:90). Ansdell (2002:136) writes that a Community Music Therapist would focus on how musicing can generate well-being and potential, not only in individuals and relationships, but also in milieus and communities.

"Collaborative musicing" is a concept that was developed by Pavlicevic together with Ansdell, and is defined as "the synergy of communicative musicality[2], musicing and the cultural appropriation of music" (Pavlicevic 2006:91). Ansdell (2002:136) writes that "the Community Music Therapist's practice follows where music's natural tendencies lead: both *inwards* in terms of its unique effects on individuals, but also *outwards* towards participation and connection in *communitas*".

"Musical communitas" is a term that that Ruud (1998 as cited by Pavlicevic & Ansdell 2004:27) introduced into music therapy discourse and according to Pavlicevic and Ansdell it is used by many Community Music Therapy authors to describe factors that are largely excluded by the consensus model: "connection, changing identity, liminality and transformation". Ansdell (2004 as cited by Beyers 2005:14) suggests that *musical communitas* describes the possibilities and qualities of social and cultural experience motivated and sustained through musicing. In a description of their work at a neurological rehabilitation centre, Wood *et al.* (2004:61) write that *communitas* was the over-arching value for their multi-faceted Community Music Therapy programme at the centre. *Communitas* to them meant to nurture the connections that arise when people make music together. Ruud (as cited in Ansdell 2004:86) speaks of how improvisations in music therapy seek to build community instead of striving for aesthetic refinement. Another example of *musical communitas* can be found in how Aasgard (2004:162) speaks of "musical friendships" that were formed between hospitalised children, relatives and hospital staff through the process of music therapy.

2.2 Community Music Therapy in South Africa

South Africa, like many others, is a country with a variety of cultures and traditions (Goldsmith 2003:204-205, Dos Santos 2005:1 & Oosthuizen 2006:2). Community Music Therapy's focus on adapting to cultural contexts therefore requires varied and nuanced approaches to work in this country. In a paper arguing for music "to be moved to society's centre stage", Pavlicevic (2004b:17) calls South Africa a "nation of extraordinarily diverse people, languages, cosmologies and customs to come". Elsewhere, she describes the turn to Community Music Therapy in South Africa in the following way:

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[2] According to Pavlicevic (2006:90), "communicative musicality" is humans' innate capacity for communicating musically. The theory of communicative musicality explains how, in mother/infant communication, there exist noticeable patterns of timing, pulse, voice timbre, and gesture. It suggests that communication between humans is innately musical.

> In South Africa, working in socially disadvantaged areas that have no music provision, poor health care provision, and poor or no social capital has resulted in tailor-made practices. This means that the context has not just impressed itself onto the work, but that the social context and community music therapy have co-created one another. (Pavlicevic 2006:95)

Oosthuizen (2006:8) encourages South African music therapists to move towards working in new contexts and communities, taking care not to aggravate issues such as segregation but rather to develop one's own practice to suit the needs of the community. This relates strongly to the importance of considering the context when working with the Community Music Therapy framework.   Oosthuizen, née Krige (2005) also wrote a dissertation that explored the experiences of the music therapists in negotiating 'community musicing' in the Heideveld context. She found that the music therapists in the Heideveld context were able to "promote social change through 'musicing'" (Krige 2005:53). Krige recommended that Community Music Therapy work in a wider range of contexts should be studied; something that I aim to do with this study.

Lotter (2003) conducted research exploring work with adolescents in conflict with the law. She discussed Community Music Therapy as a possible way of thinking about work with this client group. She suggested that Community Music Therapy can be viewed through the lens of the "Circles of Courage" model that is used by some child and youth care organisations in South Africa (Lotter 2003:76). According to her, the movement from "belonging" to "generosity" that is presented in the Circles of Courage model can be compared to the movement from the individual to the communal that is described in Community Music Therapy literature (Ansdell 2002:116-120).

In her 2006 dissertation, Theron interviewed fifteen registered music therapists as part of a study that investigated the perceived training needs of music therapists in South Africa. One of the areas in which the therapists indicated that they would have liked to have more experience and knowledge, was that of Community Music Therapy, because of its perceived relevance to the South African context (Theron 2006:29,32). This current study aims to contribute to the body of South African literature on this topic.

Bam's (2006) Master's dissertation focussed specifically on a music therapist's experiences related to Community Music Therapy. Her narrative analysis of an interview with a music therapist who worked at a social rehabilitation centre for adolescents revealed the importance of the context in shaping the work. Bam explored the music therapist's narrative of Community Music Therapy through the use of Social Construction Theory.

Du Preez (2007) wrote about her work as a student music therapist piloting community-based work. She was one of two students who piloted community-based projects as part of their training in 2006/7 (Du Preez 2007:2). Her research supported the inclusion of community-based work as part of the South African training course and she also advocated the use of Community Music Therapy as a framework for thinking about this kind of work (Du Preez 2007:53). The Music Therapy Masters course syllabus at the University of Pretoria has been adapted and in the current year (2009) all the students are required to work in community based settings which they have set up themselves. This current study extends the research of Du Preez by including perspectives drawn from work in a variety of settings. This will be made possible by studying the experiences of all of the members of the current group of students instead of only one student. Also, Du Preez's study did not focus on the music therapy students' experiences whereas this current study's main focus is these student's experiences.

2.3 Studying the experiences of students

Studies about music therapy students form part of an area of music therapy research that Bruscia (1995a:30) calls "profession research". Profession research in music therapy includes studies concerned with professional education and the training of music therapists.

In my review of music therapy literature, I found that relatively little literature exists that describes the experiences of music therapy students. Préfontaine (2006:2) reflects about research concerning music therapy students by saying that, although many articles have been written about music therapy education, relatively few of these authors have focused on the student's perspective. In my literature review I found studies concerning students that investigated their practicum behaviours and ways of learning or gaining knowledge. I will discuss these studies first, before turning to the studies I found that focus more on the students' experiences. Lastly I will explain the term "experience" from the relevant literature.

Two research studies in particular investigated students' practicum behaviours. Johnson *et al* (2001:307) measured the amount of musical, verbal and physical behaviours of the students during sessions. They found that the music therapy students engaged in musical behaviours 40% of the time and that verbal behaviours constituted more than 50% of the students' behaviours. In Jones and Cevasco's study (2007:19) they compared the nonverbal behaviours of music therapy students and that of professional music therapists when working with elderly clients. They found that the facial expressions of the professional music

therapists varied more often than the students', but that their proximity to the clients was more or less the same.

A larger amount of literature focuses on students' ways of learning and gaining knowledge. In a study that investigated the link between students' epistemological (knowledge) development and collaborative learning, Luce (2008:21) conducted interviews with students and analysed their verbal and written comments to investigate if and how the use of collaborative learning consensus groups influenced their ways of learning. He found that the students' results fell into the frameworks of Silence, Received Knowledge and Subjective Knowledge. Luce's study pointed out that the frequency of the students' scoring in the "Silence" framework in the "Women's ways of knowing" scheme could be potentially problematic for learning situations where active participation is needed, such as the collaborative learning consensus groups (Luce 2008:44). Another study that concerns music therapy students' ways of learning was done by Langan and Athanasou (2005:296). They compared the recall of a session video by music therapy students, music students and other therapy students by using Alexander's Domain Model of Learning. This model measures levels of knowledge, interest and learning strategies. The study found that the music therapy students showed higher levels of knowledge and interest, and that the learning strategies of all the student groups were more or less the same.

Murphy and Wheeler (2005:138) reported on a symposium on experiential learning in music therapy that was held in Oxford (England) in 2002. Experiential learning is learning by living through an experience as opposed to learning about something objectively or theoretically only (Dumas 1995 as cited by Préfontaine 2006:5). At the symposium, experiential learning in music therapy was described as an important issue in music therapy education (Murphy & Wheeler 2005:138). Contributions at the symposium expressed that experiential learning can take place as part of course work, when students are part of music therapy groups or when they undergo individual music therapy themselves. Ways of combining these approaches were also discussed. Two research studies were presented at this symposium. In Streeter's study (Murphy & Wheeler 2005:23) she surveyed 35 music therapists who reported that they valued their experiences in the music therapy training group and that this value increased over time. The second study, that of Barcellos (Murphy & Wheeler 2005:23), investigated students' experiences of experiential music therapy. The study was still in its preliminary stages, yet she was able to report that students described how being part of a music therapy group enabled them to live new experiences and learn more about playing the role of therapist. According to Barcellos, group music therapy was experienced as more supportive than individual music therapy by the students.

Two studies looked at the backgrounds and pre-internship experiences of students. The 1996 study by Clark and Kranz (1996:124) described the characteristics of music therapy students with regards to their backgrounds, attitudes, expectations and professional goals. Madsen and Kaiser (1999:17) investigated the pre-internship fears of music therapy students in comparison to those of music education students and found that the two main fears amongst therapy students were related to general preparation and not being suited for music therapy. Education students were more concerned about discipline and shared the therapists' fears for not being cut out their vocation.

Four studies focussed specifically on student experiences during clinical internship. Van Weelden and Whippel's (2004:340,351) qualitative study explored the effects that field experiences had on students' perspectives of the use of choral music in geriatric populations. They found that the students' perceptions changed with regards to the seniors' functioning levels as well as towards their own levels of educational preparation for working with this population group. In Wheeler's survey (2002), music therapy students were interviewed to lead to a better understanding of the students' experiences and concerns during practical work in order to improve their education and supervision. She found six areas of interest, namely: challenges encountered by students, means of dealing with challenges, involvement with clients, areas of learning, supervision issues and structure of practicum (Wheeler 2002:302). The third study concerning student experiences is that of Smyth and Edwards (2009). This qualitative study explored the experiences of music therapy students in their final stage of training. Their interviews with three students revealed five themes, namely: strong feelings and emotions, challenges, changes in lifestyle, coping and enjoyment. The last study that described students' experiences during clinical internship was that of Allen (1996:147), who used the Holland Theory of Vocational Personalities to measure the educational satisfaction and academic achievement of music therapy students. He found that "identity" as defined by Holland, was the best predictor of both academic achievement and educational satisfaction.

In the current study, students' experiences will be studied in order to gain insight into the type of music therapy work they did at the community placements and to investigate if and how they were informed by the framework of Community Music Therapy (as set out earlier in this chapter).

"Experience" is described by Bruscia (1995b:68) as "how persons apprehend, perceive, feel, and think about events persons or things". According to Forinash (1995:368) experience is

"complex and multifaceted". Bruscia (1995c:316) writes that one can think of experience as having spontaneous and reflective components. With this research I am studying the reflective components of the students' experience which, according to Bruscia (1995c:316), can "include reactions, thoughts, and analyses that arise whenever the person makes observations about himself or herself and/or the experience, either during or after the experience itself". The students' experiences are studied in part from a phenomenogical perspective, in which the stance is that "experience need not be categorized as "either true or false, valid or invalid. Experiences simply exist and therefore are worthy of investigation" (Forinash 1995:368).

In the next chapter the methodology of studying the experiences of the participants in study will be discussed.

Chapter 3

Methodology

3.1 Aims

This research study aims to explore a group of South African music therapy students' experiences of establishing and working at community placements. I also aim to explore how Community Music Therapy can be useful as a framework for thinking and talking about this kind of work. This study aims to inform thinking about community placements as part of music therapy training and also, more broadly, to inform Community Music Therapy work in South Africa.

3.2 Research questions

This research study is guided by the following research questions:

1. How did student music therapists experience setting up and working at community placements?
2. How did these students use Community Music Therapy as a framework to inform, reflect upon and discuss this work?

3.3 Research paradigm

3.3.1 The qualitative paradigm

This research study falls into a qualitative paradigm, as it seeks to study human experience, something that is not necessarily quantifiable. Qualitative research explores the "human elements" of a topic, shedding light on how people see and experience their world (Given 2008:xxxix). This means that qualitative research is a textual discipline, which does not process numerical, statistical data, but rather data in the form of texts (Flick *et al.* 2004:8). By using a qualitative paradigm, no hypothesis is stated at the outset to prove or disprove, as is common in quantitative research, but a set of guiding questions is used to explore and investigate the experience as rendered by the participants (Forinash 1995:372).

Pavlicevic and Ansdell (2001:135-140) describe nine characteristics of qualitative inquiry. Three of these characteristics are particularly relevant to this study. First, the inquiry is

process-centred rather than outcome-centred. As mentioned, in this study I do not aim to establish a yes/no answer to a hypothesis, but rather to explore open-ended questions (Pavlicevic & Ansdell 2001:135). Secondly, in qualitative research the emphasis is more on describing the qualities of a process, rather than on determining the extent of findings (its quantity). According to Flick, Von Kardorff and Steinke (2004:3), qualitative research "seeks to contribute to a better understanding of social realities and to draw attention to processes, meaning patterns and structural features". In this study, the social realities that I am studying are the students' experiences of working at community placements. Their narrative of their experiences is told to me, the researcher, and I will analyse the data and present my findings. This means that I will present my interpretation of the findings as one perspective of looking at these experiences. This links to the third characteristic of a qualitative inquiry, namely that it is interpretative (Pavlicevic & Ansdell 2001:138). In qualitative research, subjectivity is not viewed as an obstacle in the research process. Rather, subjectivity allows the researcher to "properly situate an objective problem and coherently apply the analysis to a real-world situation" (Siegesmund 2008:843). In qualitative research such as this study, the researcher is seen as the research instrument that analyses, interprets and makes meaning of the data (Brodsky 2008:766).

3.3.2 Studying "experience" within a qualitative paradigm

Bruscia (1995b:68) writes that "experience" is one of the main foci of qualitative research. According to O'Callaghan (1996:33) qualitative methods can be used to explore the "client, music therapist and/or researcher's experienced meaning of music therapy". The students' interpretation of the work is therefore studied in order to gain a better understanding of it and a qualitative paradigm is most suitable for this purpose (O'Callaghan 1996:31).

The idea that experience can and should be studied "arises from a perspective that the social world involves subjective meanings and experiences constructed by participants in social situations" (Robson 1993:194). Forinash (1995:369) calls this "a multiplicity of perspectives", a concept that comes from the paradigm of phenomenology, one of the branches of qualitative research. In the proposed study it is recognized that, because I will be studying the experiences of six students, a multiplicity of perspectives of the event (working at community placements as a music therapy student) will exist. This multiplicity of perspectives will allow for an expanded understanding of the event (Forinash 1995:369).

In order to study the experiences of others, certain assumptions from the area of symbolic interactionism were considered (Denzin 2004:84, Jacob 1987:27). Symbolic interactionism states that "meanings arise through social interaction with others" (Blumer 1969 as cited by

Jacob 1987:27). According to Denzin (2004:85) it is not possible to study experience directly, but it needs to be represented in some way. An example of how experience can be represented is in the form of an interview. Denzin writes that symbolic interactionists study how narratives such as interviews and stories represent experience. This points to the "communicative nature of social reality" which Flick *et al.* (2004:7) states as one of the basic theoretical assumptions of qualitative research

The data was therefore in the form of interview texts. Textual analysis was therefore necessary in order to explore the content and meaning of the data (Lockyer 2008:966). The students' experiences were seen as something that could lead to a better understanding of working at community music therapy placements. Their "experiential knowledge" (Berg 2008:322) was tapped into via interviewing, therefore gaining textual data which can best be studied through qualitative methods.

3.4 Data collection

3.4.1 The sample

For this study I have chosen to collect data from my fellow students. The Music Therapy Masters student group of 2009 consisted of seven students including myself, which meant that I could potentially collect data from six students. I decided that this relatively small size of the student group presented me with the opportunity to gather data from all of my fellow students. This was done to find maximum variation in the data in order to create a holistic understanding of the work (Bruscia 1995d:407). The students shared the common experience of working at community placements but their "multiplicity of perspectives" (Forinash 1995:369) could yield insightful information for students, educators as well as other music therapists.

The following table presents a summary of the background information about the various placements where the students worked during their community placement internship. It shows the number of students at a placement, as well as the client groups and information about the format of the work. This table will be helpful in contextualising why the specific sample and method of data collection were utilized.

Placement	Number of students	Client Group	Format of work
HIV/Aids Clinic at a state hospital	3 (Of which the researcher is one)	Patients at the HIV/Aids clinic who chooses to attend	- Open adult group in closed space
		Parents and children at the HIV/Aids clinic who choose to attend	- Open parent and child group in closed space
		Anyone at the clinic who wants to take part (patients, staff, passers by)	- Open adult group in open space
Shelter for street children (boys)	2	Adolescent boys at the shelter (ages 8-14)	- Semi-closed group in a communal space
		Adolescent boys at the shelter (ages 15-20)	- Semi-closed group in a communal space
		Boys of the shelter, all ages.	- Open group in a communal space
			- Performance
Residential home for people with mental disability	2	Higher functioning residents	- Closed group
		Lower functioning residents	- Closed group
		All residents and staff who want to attend	- Open group in a communal space
		Housemothers	- Semi-closed group in a closed space
			Performance at annual fete.

Table 1. Background of the various placements

3.4.2 Method of data collection: the interview

3.4.2.1 Interviewing as means of collecting data

As can be seen from Table 1, there were three groups of students working at three different community placements. I decided that the most appropriate way for gathering data from these groups of students would be to interview them in these three separate groups. The rationale behind this decision will be discussed next (under the heading "interview design"). The data for this study has been research-generated (Pavlicevic & Ansdell 2001:141) and can therefore not be described as naturalistic in nature. The interviews were conducted by the researcher and they were audio-recorded.

The interview is regarded as one of the main modes of collecting qualitative data (Bruscia 1995b:70, Brinkmann 2008:470). According to Robson (1993:229) the advantages of using face-to-face interviews include that they can be flexible and adaptable (versus the inflexibility of questionnaires), that the interviewer can pick up on non-verbal cues from the interviewees during the interview and that interviews have the potential for providing rich and illuminating material.

Interviews are also said to have the potential of expanding the researcher's subjectivity about a matter by introducing the perspectives of others (Pavlicevic and Ansdell 2001:189). Punch (1998:175) writes that an interview is "a good way of assessing people's perceptions, meanings, definitions of situations and constructions of reality". As this was exactly what I aimed to do with this research with regards to the experiences of the current year's students concerning their work at community placements, I chose the interview as method of data collection. Kvale (1996:88) describes this process of deciding on and describing the topic of investigation as the first stage of the interview investigation. The second stage, designing the interview (Kvale 1996:88), will be described next.

3.4.2.2 Interview design

The fact that the students were interviewed in pairs meant that the interviews took on the format of small focus groups. Morgan (1996:130) defines focus group interviewing as "a research technique that collects data through group interaction on a topic determined by the researcher". A focus group interview has also been described as "an open conversation on a specific topic in which each participant may make comments, ask questions of other participants or respond to comments by others, including the moderator" (Ferreira & Puth as cited by Schurink, Schurink & Poggenpoel 1998:314). According to Folch-Lyon and Trost (1981:444), a focus group is designed and conducted in such a manner that there is room for "(i)nteraction among the respondents…to stimulate in-depth discussion of various topics". The optimal size of focus groups is said to be between six and twelve members (Morgan 1996:130, Folch-Lyon & Trost 1981:444).

Seeing that I only interviewed two people at a time in this study, the groups were theoretically not big enough to only be understood from the perspective of focus groups. The aim of interviewing the respondents in pairs was to encourage discussion among the two interviewees, as is the case in focus group interviewing. It is believed that this would have led to the collection of data that is richer than would have been generated by individual interviews, because participants could "both query each other and explain themselves to each other" (Morgan 1996:139). The small "group" size, however, also allowed for questions

to be addressed to the individual, as in individual interviewing (Hermanns 2004:209, Punch 1998:176 & Robson 1993:228), therefore retaining some benefits of individual interviews as well. The fact that there were only two interviewees per interview made it possible to explore issues that seemed to be of particular importance to each interviewee because there was sufficient time and I was able to pick up non-verbal cues from the interviewees that indicated when they wanted to elaborate on a topic.

The level of structure of the interviews that were used in this study was semi-structured (Punch 1998:176 & Robson 1993:231). Ayres (2008:811) describes semi-structured interviews as guided by a set of pre-determined but open-ended questions. For these semi-structured interviews I had certain prepared questions but allowed the conversation to flow as freely as possible while taking into consideration the direction that the individuals' answers and conversations led (Punch 1998:178 & Bannister *et al.* 1995:54). Brinkmann (2008:470) writes that semi-structured interviewing allows the researcher to investigate the phenomenon of interest while leaving room for the interviewees' more spontaneous descriptions and narratives.

With regards to the questions in semi-structured interviews, Robson (1993:232) writes that the interviewer is "free to modify their order based upon her perception of what seems most appropriate in the context of the 'conversation', can change the way they are worded, give explanations, leave out particular questions which seem inappropriate with a particular interviewee or include additional ones"   In the three interviews in this study, an interview guide with ten questions was used and I moved back and forth through it in order to suit each interview situation (Ayres 2008:811). Additional questions were also asked when clarification or elaboration was deemed necessary or appropriate (Pavlicevic & Ansdell 2001:190). The interview schedule is attached as Appendix A.

In semi-structured interviewing it is important to consider the degree to which one's conclusions are based on statements volunteered by informants or how much they have been directed by questions from the researcher (Jacob 1987:31). According to Clark (2008:556), questions can be perceived as leading if they indicate preferred responses or limit the range of possible responses from the interviewees. Leading questions were avoided as far as possible during the interviewing process.

3.5 Data analysis

In order to examine communicative material (such as interview data) it needs to be "fixed or recorded in some form" (Mayring, 2004:266). Therefore the three interviews were audio-

recorded and then transcribed. The transcribed data from the interviews was then subjected to content analysis (Pavlicevic & Ansdell 2001:194).

I started off the analysis process by coding the interview data. Pavlicevic and Ansdell (2001:150) describe coding as "a technical term for analytic labelling". Benaquisto (2008:85) also refers to coding as "labelling" when she writes that coding consists of identifying potentially interesting units of data and distinguishing them with labels.

The first stage of coding in this study involved underlining passages in the interview transcripts that I deemed important in relation to the research questions and giving each of these passages a label or code. This means that the interview data was "'broken down' analytically" (Böhm 2004:271) into smaller segments (Aigen 1995:331). I did not code the data by using a list of pre-determined codes, but rather I allowed the codes to emerge from the data. This type of coding is known as open coding (Henning 2004:105, Böhm 2004:270-271) and formed part of decontextualising the data (Coffey & Atkinson 1996:44, Pavlicevic & Ansdell 2001:195). I then listed the codes (together with numbers indicating all the occurrences of the codes elsewhere in the data). These codes were systematically explored by presenting the results in the form of tables (Schmidt 2004:257).

I then categorised the codes meaningfully in order to invoke the broader context (Henning 2004:107, Coffey & Atkinson 1996:46). According to Aigen (1995:331), "[c]ategories are built by looking at segmented data and determining the general topic rather than the specific content of the segment". I compiled the categories directly from the first set of codes as opposed to forming higher order codes before formulating the categories (Pavlicevic & Ansdell 2001:195).

The next step of analysis entailed investigating these categories by looking for "patterns, themes, and regularities as well as contrasts, paradoxes and irregularities" (Coffey & Atkinson 1996:46). The categories were grouped according to three themes and these themes were explored in relation to relevant literature, in other words the data was then contextualised within the broader body of knowledge (Pavlicevic & Ansdell 2001:196). When discussing the themes, the research questions were taken into consideration. Care was taken when contextualising and discussing the data so as to not lose its original meaning but to gain as much insight as possible from the interview data in answering the research questions. The entire data analysis process will be discussed in greater detail in the next chapter.

3.6 Establishing trustworthiness in qualitative research

It is by no means suggested that the findings of this study are generalisable to other contexts, as would be hoped for in quantitative research. The qualitative equivalent of generalisability is transferability (Given & Saumure 2008:895). Transferability means that the scope of a study is sufficiently described in order for the reader to make an informed decision about the applicability of this study's findings to alternative contexts (Given & Saumure 2008:896).

In order to ensure the trustworthiness of a qualitative study, one needs to consider its transferability (as discussed above), credibility, dependability and confirmability (Given & Saumure 2008:895). These concepts are the qualitative equivalents of the quantitative notions of generalisability, validity, reliability and objectivity (Given & Saumure 2008:895). I was able to confirm my observations with the participants of the study, seeing that they were my fellow students (Given & Saumure 2008:896). This research was intended to be "valuable to the intended audience" and "trustworthy" (Aigen 1995:301). Aigen follows Lincoln and Guba in saying that trustworthiness is established when "research findings mirror the experiences of the research participants" (Aigen 1995:300). This has to do with the confirmability of the study. In this study I included the full transcripts of coding in order to enable the reader to monitor the confirmability of this particular step in the research process (Jensen 2008a:112).

Throughout the research process I was under continuous supervision in order to ensure the credibility of the research findings (Jensen 2008b:139). Through debriefing sessions with my supervisor, I was constantly encouraged to represent the data accurately (Given & Saumure 2008:896). Continuous supervision also enabled me to represent the research process and procedures in such a way that other researchers would be able to collect data in a similar way, adding to the dependability of the study (Jensen 2008c:209). I have included documentation and descriptions of all the steps of data collection and data analysis as part of this document so that my supervisor and other readers should be able to follow my thought process as it developed. In qualitative research, this is one way of ensuring that the process is explicit enough for the reader to check the researcher's findings (Pavlicevic & Ansdell 2001:205) as the review and critique of knowledgeable support networks can increase the credibility of findings (Jensen 2008b:139).

Supervision also aided the process of self-reflexivity that I have aimed for while conducting this research (Pavlicevic & Ansdell 2001:202, Dowling 2008:748). Being self-reflective

meant that I had to keep in mind that I am part of the student group that I was studying and that my own experiences during my own community placement work affected the way I thought about the data, and that the interviewees had pre-existing relationships with me. Part of the qualitative research stance is to acknowledge bias by being constantly self-aware, to look for contradictory data and to be open to alternative interpretations (Ogden 2008:60). During this process my supervisor often reflected on my interpretations or decisions and in this way provided me with alternative ways of understanding the data. Reflexivity also entailed considering and examining all decisions made during the research process and describing and justifying these decisions (Pavlicevic & Ansdell 2001:206, Dowling 2008:748)

3.7 Ethical considerations

The six interviewees are, like the researcher, members of the 2009 Music Therapy Masters Student group. The interviewees were therefore already acquainted with the researcher and they were informed verbally about the aims of the study. Written informed consent was also obtained from all interviewees prior to interviewing them (Appendix B: document 1). Interviewee anonymity, confidentiality and privacy are protected by the use of pseudonyms on all documentation. This will also aid in ensuring the anonymity of the institutions where the students conducted their work. The institutions are also not named in this study and prior to the students' commencing work at these institutions, consent was obtained from clients to use data for research purposes (Appendix B: document 2).

The data will be securely stored at the Department of Music Therapy of the University of Pretoria for fifteen years. The written dissertation will be handed in at the Music Therapy department of the University of Pretoria to be marked by an internal and external examiner, and the dissertation will be made available electronically on the University Library's intranet.

Chapter 4

Data analysis

In this chapter I will describe the process of data collection and the coding process. This will be followed by a section that describes the categories that were formed. The themes that were formulated from the categories will then be discussed.

4.1 Data collection

As mentioned in chapter 4, data was collected through conducting three interviews, each with two music therapy students. The three interviews were conducted on three consecutive days. Interview 1 was conducted with students A and B who worked at an HIV/Aids clinic at a state medical institution. I also worked at this particular placement for this part of our training. The music therapy work at this placement included small semi-open groups with patients from the clinic, as well as large open groups in which anyone was welcome to participate. This interview lasted 30 minutes.

The next interview, Interview 2, was conducted with students C and D who worked at a shelter for boys, many of whom have lived on the street. These students conducted three weekly groups and divided the boys according to their ages: one group was run for the pre-school boys, one for the boys aged 7 to 12 years and one for the adolescent boys. The students also conducted a number of open groups and worked towards a performance at the end of their time there. The interview with the students from this placement lasted 34 minutes.

Interview 3 was conducted with students E and F who worked at a residential home for people with mental disabilities. Their work consisted of running one group for higher functioning residents, one group for lower functioning residents, a staff group and, later on in the course of their work, an open group to which everyone was invited, residents and staff alike. The students at this placement organised a performance at the home's annual fete in which three of their groups participated. The duration of the interview with students E and F was also 34 minutes.

In addition to using the first letters of the alphabet as pseudonyms for the transcription of the students' names, the placements were labelled X (the HIV/AIDS clinic), Y (the shelter) and Z (the residential home).

4.2 Data analysis

4.2.1 Transcribing

When I first transcribed the interviews, I segmented the transcription according to the information contained in statements. Through supervision, I was shown that transcribing in this way already indicates a level of interpretation, as I could possibly impose divisions in the statements of the interviewees that were not intended as such by them. Poland (2008:885) writes that transcription should be done with reflexivity and rigor, because it produces the raw material on which analysis will be based.

This is an example of my initial "interpretative" way of transcribing, which I then decided to rework in order to remain as objective as possible about the data so early on in the analysis process.

I	Could you tell me a bit more about the setup and the problem of where to have the sessions?
B	Well, there was no physical space that was allocated for us, because they had a lack of space…as well.
B	And because the people don't attend that often, the clinic, they only come once a month, or once in two months, they didn't have, they didn't have a, or they would only come when they want to come and that was difficult.
B	(I'm talking in circles.)
B	Ja, and when we asked for the room, they said we were going to make too much noise, and the nurses will complain.
B	But then finally when we explained to them, after sending them a letter that was written by the university, we got the room.
I	And, uhm, did you have all your sessions in this room?
A	No. We had three sessions during the day, or the morning, two in that room and then one outside in front of the building where loads of social interaction is happening.
I	And what format did these sessions take on?
B	Well, the first two in the room were more closed, it was more, people were uhm, personally invited to come, which they then, they can either decide "No" or "Yes" and then most of the time they did come and then the open group session people just…pitch up.
B	And they just happen to be there.

Table 2. Interpretative transcription

What follows is an example of the re-segmented interview transcripts divided only according to speaker. As the reader will be able to see, this makes more sense if one wants to remain as objective as possible about the interviews. Transcribing in this way also made the interviews easier to read.

I	Could you tell me a bit more about the setup and the problem of where to have the sessions?
B	Well, there was no physical space that was allocated for us, because they had a lack of space...as well and because the people don't attend that often, the clinic, they only come once a month, or once in two months, they didn't have, they didn't have a, or they would only come when they want to come and that was difficult. (I'm talking in circles.) Ja, and when we asked for the room, they said we were going to make too much noise, and the nurses will complain. But then finally when we explained to them, after sending them a letter that was written by the university, we got the room.
I	And, uhm, did you have all your sessions in this room?
A	No. We had three sessions during the day, or the morning, two in that room and then one outside in front of the building where loads of social interaction is happening.
I	And what format did these sessions take on?
B	Well, the first two in the room were more closed, it was more, people were uhm, personally invited to come, which they then, they can either decide "No" or "Yes" and then most of the time they did come...and then the open group session people just…pitch up and they just happen to be there.

Table 3. Reworked transcription

Please see Appendix C for the full transcriptions of all three the interviews.

4.2.2 Coding

After re-transcribing the interviews, I started the process of coding. In an attempt to conduct this process as thoroughly as possible, I initially coded every single sentence of the interviews. Coding in this way proved to be time-consuming and more importantly, through supervision I was shown that I was coding information that would have limited value in relation to addressing my research questions. Through further guidance from my supervisor and co-supervisor, I decided to only code units of meaning that I thought would have particular relevance to my two research questions. This meant that I went through each page of the interview transcript and highlighted only relevant sentences or ideas and coded only these. The following three excerpts are taken from the three different interviews and shows how the coding was done. (The complete coding can be found in Appendix D.)

Line	Speaker	Text	Notes
11	A	And I think as soon as they realised that...we were	X20. music draws people in
12		making a noise but people were drawn to that noise,	
13		to come and join them, and they also start to come	X21. staff's negative perceptions
14		and see what's happening and realise "this is more	changed through attending MT
15		than just making a noise and making music".	
16	B	I think they also experienced the difference in the	
17		people that attended sessions...	
18	A	Yes!	
	B		
19		...experienced how they were before and how they	X22. music positively affects
20		were after and how the whole noise-making affected	environment
21		the environment and how they were pleasantly	
22		surprised by how they were feeling afterwards too.	
23	A	Yes!	X18. staff surprized
24	I	Would you say, then, that it was the music that, that	
25		drew the people in?	
	B		
26		Uhm...W...Not at first, because at first there weren't	X23. difficulty recruiting clients
27		any music, that was the difficult part of the whole	
28		thing, is to get the patients to come. How do you	
29		explain "Listen, were going to...' Do you say "We're	
30		going to have a therapeutic session"?Or "We're just	
31		gonna make some music"?Or..."We're gonna beat	
32		the drum" or... why?And that why you're going to	
33		that, I think that was the difficult part.	

Figure 1. Excerpt from Interview 1.

Line	Speaker	Text	Notes
22	C	Uhm...like in a way it is nice doing theory as you're	Y50. CoMT theory during
23		doing the practical...but..and I supposed I could	community placement : useful
24		have gone and read up about stuff if I really wanted	
25		to know and asked them. And I also didn't have this	
26		huge idea of what Community Music Therapy was	
27		before I started working. And in a way maybe that's	
28		good, because I mean, you kindof don't go in with	
29		any preconceived ideas...	
30	I	(Mmm)...	
31	C	But maybe, ja...	
32	D	(Mmm).(Silence)I think it would have been helpful to	X55. CoMT theory earlier
33		maybe have had something in first year. Just	
34		to...just to...base something on...	
35	I	(Mmm)?	
36	C	Just to know this is what this...	
37	D	Ja, I think, strangely enough I think the theory...I	Y51. experience brought more
38		wouldn't have probably understood it unless I'd	understanding than reading
39		been there.	
40	C	(Mmm).	
41	D	You know what I mean? But what would have...but	
42		it's strange...I think because Community Music	
43		Therapy is not just, I don't find it a discipline on its	
44		own...uhm...some of the thinking could have	Y52. CoMT also applicable
45		actually helped some of my other work last year.	to other (previous) place-
46		Even though it wasn't "claimed" to be	ments.
47		comm....ag...Community Music Therapy.	

Figure 2. Excerpt from Interview 2

Figure 3. Excerpt from Interview 3

In Appendix E I have included an excerpt from the draft version of the coding, which was my working document throughout most of the coding process. I have inserted it to give the reader an idea of how the process took place. Coding was initially done in pencil to allow for reworking and rewording of codes.

Throughout the coding process I kept my research questions in mind and this guided the formulation of my codes. The coding process was not a linear one, as I would often revisit earlier codes or cross-reference between codes. Through this process I was able to use the same code for ideas concerning similar subject matter from different interviews. This meant that if a code occurred more than once, I would indicate the other occurrences of the code by indicating the interview number, page number and line of it. This was done in my list of codes so that different occurrences of a code could be easily located within the different interviews. In the example below (Table 4), one can see that code X32 also occurs one other time in the placement X interview on page 9, line 48, and it is also found in the other two interviews.

X32. student's need for boundaries	x9:48, y4:15, z1:31

Table 4. Numbering of codes and other occurrences of codes

Please see Appendix F for a complete list of my codes. Please note that some of the numbers were later split, for example, X6 (flexibility of where music happens: public space) was split into X6a (flexibility of where and how music happens) and X6b (music in a public space), because it made more sense in instances such as this to make the codes more complex. The next step in the analysis of the interview data was to categorise the codes.

4.2.3 Categories

I then grouped the codes into categories according to related meanings. An inductive process of categorising (O'Neill Green 2008:72) was used. This means that the codes were not categorised according to a predetermined list of categories, but that the categories were formulated after the coding process.

In order to inductively formulate categories from the data, the codes were investigated for similarities and/or patterns with regards to content or subject matter. A complete list of the seven categories can be found in Appendix G and I will now describe each category in detail.

Category 1: Space and boundaries

Table 5 contains a list of all the codes that were grouped together in this category:

Category 1: Space and boundaries	
X4. no allocated space for MT	
X5c. music permeates	x6:20, x6:27, y13:10,
X7a. flexibility of where and how music happens	x6:6, x8:39, x9:13, y4:30, y6:29
X7b. music in a public space	
X8a. closed sessions: mostly only patients	
X8b. public space enables access for all	y2:36, z3:19
X22. music positively affects environment	
X29. student initially wanted closed space	
X30a. adapting to context's space	y4:23, y8:30
X30b. not different from other placements: space	z11:37, x5:7, x11:2
X31. disregard of physical space: (cultural?not specific to placement)	z6:21
X32. student's need for boundaries	x10:13, y4:14, z1:31
X34. broadened thinking: now also considering the community	x6:31, x8:39
X35. 1st year training: stricter boundaries	
X37. students no longer want physical space (adapted)	y4:27, y12:12
X38. longer term work: possibly more individual-based	
X39. if over time:ideally move from community level to individual level	x9:29
Y3. not individual sessions: possible trust issues	
Y5. groups: to include maximum number of boys	z2:11
Y6. group division: initially determined by students and staff	z2:24
Y7. boundaries very fluid	y5:45, y11:34
Y8. open sessions: merging of groups	
Y21. open sessions: due to limited numbers	
Y35. in retrospect: more open groups	y10:33, z13:9, z12:40, z14:28
Y36. MT could involve entire shelter (ideally)	
Y37. division into groups was necessary: unique goals	
Y40. in retrospect: open groups could lead to less ownership	
Y41. different from other placements: space-open door	y12:42, y13:4
Y42. supervision addressed "space"	
Y43. music in communal space	
Z3. students initially wanted to do individual MT	
Z6. more groups: including more of community (after supervision)	
Z10. open group: sense of community & togetherness	
Z20. student need for music space was met	
Z23. students felt "in the way", like outsiders (lack of space)	
Z24. disregard of boundaries: adverse effect on attention of clients	
Z26. supervision did not address boundary issues	
Z28. disregard of boundaries: low point for student	
Z36. not different from other placements: core membership	
Z37. different from other placements: open group	y12:32
Z40. in retrospect:keep closed group for lower functioning residents' sake	z14:18
Z41. in retrospect: open groups could reach more people	

Table 5. Category 1-Space and Boundaries

In the students' commentary about their experiences at the community placements, they focussed frequently on issues of space and boundaries. All of the students at all three the placements referred at some point to their experiences regarding boundaries. The large amount of comments relating to space and boundaries also meant that this category was the one which contained the largest number of codes. In this category, I grouped together all the codes that pertained to issues regarding the physical space where sessions took place, the boundaries of sessions and the membership of groups.

There were codes in this category that described the nature of music as permeating physical boundaries and therefore affecting the environment (X4c, X22). This was highly relevant in light of my second research question which concerns whether and how the students use a Community Music Therapy framework to discuss their work. Also, in considering this research question, I observed that there were a number of codes describing open groups and music in communal, public or open spaces where the boundaries were fluid and the membership fluctuated (X6b, X7, X37, Y21, Y8, Y41, Y43, Z10, Z37), yet there were also codes describing work that was done in sessions that were more closed with stable membership (X8, Y19b, Y6, Y37, Z20, Z36, Z40).

The students' own experiences and process with regards to space and boundaries were also revealed in the data. A number of codes were identified where the students expressed their own need for boundaries and a set physical space for sessions (X29, X32) and how this changed through working at the placement (X30, X37, Y7, Z6) or how their need for physical space was met (Z20).

The data also revealed what the students thought about how the boundaries of sessions affected and were influenced by the people at the various placements. The students commented that through open sessions they were able to reach more people (X7, Y5, Z41), yet closed groups also had benefits such as reaching a specific population group (X80) and being able to address that group's specific needs (X40). A particular student from placement Y also speculated that having only open groups could have led to less ownership of the music therapy group (Y40). Some of the students said that if they were to work there longer, they would aim to do more individual work at the placements as well (X38, X39).

Students from all of the placements commented on how, if there were physical or temporal boundaries to the sessions, that these boundaries were often disregarded by members of staff and other people and the students expressed varying levels of comfort with this fluidity of boundaries (X31, Y7, Y41, Z23, Z24, Z28). One reason that was named for the disregard

for boundaries being experienced as problematic was that it adversely affected the concentration of lower-functioning members in the residential home (Z24).

Category 2: Performance

The following table contains a list of all the codes that were grouped together in this category:

Category 2: Performance	
Y12. concert: highest staff involvement	y4:1
Y19c. CoMT partly applicable: performance	
Y20. unconventional sessions: practicing for performance	
Y25. concert was a highlight	
Y26. student saw value of work in concert	
Y27. boys reported value of concert for them	
Y28. student's initial thinking: skills-centred performance	y8:23
Y29. concert goal: opportunity to contribute	y8:35, z4:9
Y31. "showcasing themselves": being seen differently	z3:39
Y32. audience: community involvement	z4:50, z12:9
Y33a. concert: different experience of themselves	z4:9, z12:11, z12:10
Z12. adapting MT to context's event	z5:10
Z13. concert was hard work	
Z14. concert: resident's pride in participating	
Z15. concert: slightly anxiety-provoking for some residents	
Z16. concert: sense of achievement	
Z17. concert: low staff involvement	
Z18. concert: staff watching practice	
Z35. different from other placements: concert	z12:34, z14:7

Table 6. Category 2-Performance

The next category that emerged from the data pertained to performance as part of the music therapy process at the shelter and the residential home (there was not a performance at the HIV/Aids Clinic). This also relates strongly to a Community Music Therapy framework. Both the students at the shelter and at the residential home reported that one of the main differences between this community placement and their other placements was the performance element of their work (Z35, Y20). Community Music Therapy theory was quoted by the students as having an influence on deciding to include this element (Y19c).

The students reported positive aspects of the concerts as being a highlight (Y25) for both themselves (Y26) and the participants (Y27, Z14, Z16). Some of the students' positive experiences of the performance included observing that the participants had an opportunity to contribute something (X29), experience themselves in a different light (Y31, Y33),

particularly providing the participants with an opportunity to experience a sense of achievement (Z16) and that the performance led to increased community involvement (Y32). One slightly negative comment stated that the concert was a source of anxiety for some of the participants (Z15). The students at placement Z stated that practising for the performance was hard work (Z12). They also stated that having a performance provided them with an opportunity to adapt their work according to the institution's own event, their annual fete (Z13).

Category 3: Community Music Therapy Theory

The following table contains a list of all the codes that were grouped together in this category:

Category 3: Community Music Therapy Theory	
X1. not different from other placements	z11:21, z14:5
X33. identifying with CoMT literature	x6:3, x10:31, y6:13
X36. MT and CoMT not separate	y17:2, Y5:40
X50. context-specific MT	x9:17, y5:27, y6:31, y6:45, y15:44
X55. CoMT theory earlier	y16:32, z14:38
X56. SA necessitates CoMT	x11:10
X57. CoMT knowledge could reduce student concerns	
X58. CoMT could be useful for all placements	y16:44
Y16. CoMT initially no influence on thinking	
Y17. CoMT ideas helped later on	
Y19a. CoMT partly applicable	
Y19b. CoMT partly applicable: not "open space music for everyone"	
Y50. CoMT during community placement=useful	z15:3
Y51. experience brought more understanding than reading	
Y52. CoMT also applicable to other contexts	
Y53. using CoMT principles without labelling it as such (previously)	
Z42. CoMT direct influence: concert	
Z43a. students experienced some pressure to fit work in CoMT mould	z15:11
Z43b. open group musicing not trying to fit to CoMT theory, more natural	
Z44. difficulty integrating CoMT & MT	

Table 7. Category 3-Community Music Therapy Theory

The third category that emerged from the data relates to how the students spoke about and reflected upon their use of Community Music Therapy theory. There were a number of codes indicating that the students identified with Community Music Therapy literature because of their work at these community placements (X33, Y19a) and some students indicated that getting to know the theory resulted in them experiencing pressure to, in their own words, "make" their work "more Community" focussed (X43a). In light of my second research question, these comments are relevant in creating a better understanding of the students' use of Community Music Therapy as a framework.

Some of these codes indicated that the students think that Community Music Therapy theory could have been applicable to their work at other placements as well (X57, X58, Y52, Y53). The students commented that it would have been helpful to start learning about Community Music Therapy principles earlier on in the course (X55), yet some of the students indicated that having the theory component while they were conducting this work was also meaningful (X50). One code (with two occurrences) stated the relevance of Community Music Therapy theory for the South African context (X56).

One of the codes indicated the students' belief that music therapy and Community Music Therapy should not be viewed as separate things (X36), while another code showed that the students from the residential home struggled to integrate what they called "traditional music therapy" and Community Music Therapy (Z44). These same students from the residential home also stated that the concert was directly influenced by learning about Community Music Therapy theory (Z42). They also said that their last session at the placement was an open group session and that this open group was experienced by them as a natural type of "musicing", and not something that was based on Community Music Therapy theory. The students from this placement in general felt that their work fell more within the framework of "traditional music therapy".

One code that occurred a number of times is the code "context-specific MT" (code X50). I included this code under this category because of my knowledge of Community Music Therapy theory. One of the main issues that are raised by advocates of Community Music Therapy is that music therapy should be adjusted according to the context's needs.

Category 4: Staff's varying attitudes and involvement

The following table contains a list of all the codes that were grouped together in this category:

Category 4: Staff's varying attitudes & involvement	
X3. staff support	z1:4, z1:26, z6:39
X5a. staff attitude negative	
X5b. uninformed anticipation of difficulties (staff)	x3:9
X14. staff goal for MT: normalisation	
X18. staff (pleasantly) surprised about MT effects	x3:30, x12:23
X19. staff uninformed about MT	z1:14
X21. staff's negative perceptions changed through attending MT	x12:2, x12:15, z9:46, z10:37
X27. questioning therapeutic value (students & staff)	z3:10
X28. different from other placements: staff uninformed	
X59. initial staff goal for MT: skills	z9:17
X60. staff's interest shifted from skills to experience	
Y1. staff communicating boys' needs	
Y4. staff did not give referrals	
Y9. initial low staff involvement	y3:13
Y10. staff's interest increased	
Z2. students were not taken seriously	z7:28
Z4. staff group (suggested by staff)	
Z5. initial referrals: "musical residents"	
Z7. MT overcoming perceived inability of lower functioning residents	z12:14
Z8. staff realising: MT is for everyone	
Z11. staff's positive feedback about MT's effects	
Z29. students feelings of inferiority (towards staff)	
Z38. open group: staff seeing residents differently	
Z39. in retrospect: more open groups for higher staff involvement	

Table 8. Category 4-Staff's varying attitudes and involvement

The fourth category that emerged from the data consisted of codes which contained information regarding the student's experiences of the staff at the placements: their involvement and attitudes. The codes in this category were not homogenous, although they addressed similar issues. This category revealed information about the students' interaction with the staff and that they considered the staff's involvement as relevant in their music therapy work.

Varying degrees of staff support were experienced by the students (X3). A number of instances were found that indicated that the staff members at the placements were uninformed about music therapy (X4b, X19, X27, X59, Y4, Z2, Z5). Another selection of codes (X4a, X18, X21, Y9, Y10, Y12, Z8, Z11, Z29), indicated a shift in the staff's perceptions about music therapy from being somewhat negative and sceptical towards being

more open and positive towards it. This apparent change in the staff's negative perceptions was attributed to their attending and participating in music therapy themselves (X21, Y12, Z7, Z38) and in one instance the students reflected that in future they would have more open groups in order to facilitate higher staff involvement (Z39).

With regards to the performances, at the shelter the students experienced the staff's increased involvement due to the concert (Y10, Y12) whereas at the residential home, the staff's involvement started off as low and remained so throughout the performance process as well (Z17, Z18).

At the residential home a staff music therapy group was held which was suggested at the start of the work by the staff management (Z4).

Category 5: Goals and value

The following table contains a list of all the codes that were grouped together in this category:

Category 5: Goals and value	
X9. MT goal: social interaction	x2:32
X10. MT goal: normalisation (healthy identity)	
X11. MT goal: emotional sharing & expression	
X12. MT goal: enjoyment	
X13. MT goal: relaxation	
X15. students' own research informed goals	
X16. MT goal: reconnection	
X17. MT goal: musical community & acceptance	
X20. music draws people in	x8:18
X41. overcoming cultural differences through music	x7:42, y17:24
X43. music engaging person's "healthy side"	x13:4
X45. student surprised by clients' positive comments	
X46. sense of belonging (client comment)	
X47. music consoles (client comment)	
X62. music binds everyone together (staff, patients, etc.)	
X63. music forms part of people's identity	
Y11. MT drew them out	y6:45
Y22. MT process brought connectedness	
Y23. boys' growing self-confidence	
Y24. shyness replaced by humour & leadership	
Y48. equality in music	
Z9. MT enticing the unwilling	

Table 9. Category 5-Goals and value

As categories emerged from the data I noticed that the interviewees from the HIV/Aids clinic had made a number of comments regarding the goals that they formulated for working at this

placement (X9-X17) and that all of the students from all the placements mentioned a number of positive outcomes or values that they noticed as a result of music therapy at these placements. These experiences were useful in answering research question one, shedding light on the students' experiences at the community placements with regards to the value of music therapy at these placements. Therefore, I decided to include a category named "goals and values". There were a number of codes that indicated how music therapy positively influenced people's experiences of one another, which included words such as togetherness, equality, belonging and connectedness (X20, X41, X46, X62, Y22, Y48). A few codes also indicated how music therapy seemed to provide individuals with number of positive experiences (X43, X45, X47, Y11, Y23, Y24, Z9, X63).

The students' experiences of the value of music therapy were not only positive and certain. The students at the HIV/Aids clinic and the residential home admitted to questioning the value of music therapy while they worked at these placements. There was one code that occurred twice which indicated that the students sometimes questioned the therapeutic value of music therapy (X27) and that this questioning was also experienced from the staff's side. I included this code in this category, because it seems like the students went through a process of also learning about and discovering the value of MT from their experiences.

Category 6: Logistics and challenges

Table 10 contains a list of all the codes that were grouped together in this category:

Category 6: Logistics and challenges	
X2. logistics	z6:16, x7:26; z4:38, y4;31
X23. difficulty recruiting clients	
X40. getting to know the context	x7:16
Y2. limited information before starting work	
Y13. unpredictability of context	
Y14. students felt like outsiders: linked to trust issues	
Y15. building trust relationship took time	
Y30. learning from the context & adapting	y8:29, y14:3
Y34. ending was difficult	z15:23
Y38. boys first, then community	y11:13
Y46. difficulty explaining MT to clients	
Z1. clients forgot session times	
Z19. student need: staff support re. referrals & logistics	
Z21. student need: more background information	
Z31. low point: institution not willing to employ MT's	
Z32. institution cannot afford MT	
Y54. students learned to negotiate (MT)	

Table 10. Category 6-Logistics and challenges

As part of my exploration of the experiences of the students, I noticed from the codes that their experiences included some difficulties and logistical problems. I decided to include a category to group these codes together, seeing as their accounts of the challenges that they faced and how they were able to overcome these challenges could be valuable experiential knowledge sources, aiding in answering research question one.

There was one code, "logistics" (X2), with multiple occurrences that referred to organisational challenges that the students had experienced. In one instance, university support (X5) aided the students in solving the problems with finding a venue for sessions and the students at the residential home expressed a need for more staff support particularly regarding referrals (Z19). One other difficulty was that of convincing people at the placements to participate in music therapy. Two codes (X23, Y46) indicated this problem.

The students expressed a need for more detailed information concerning the background information of clients (Y2, Z21). Another code that was formulated from the data expressed that the students experienced the context as very unpredictable (Y13). This meant that they had to continuously learn from and adapt to the context (X40, Y30).

At the shelter, the students had to build a trust relationship with the boys first, before they could start to think of the broader community and this took a long time (Y15, Y38). One difficulty that the students at the residential home expressed was having to deal with the fact that the staff at the placement expressed their disinterest in employing music therapists in future due to lack of funding (Z31, Z2). The students also expressed that they had difficulty in saying goodbye to the clients at the placements because of the relationships that had been formed (Y34).

Category 7: Students' personal development

The following table contains a list of all the codes that were grouped together in this category:

Category 7: Students' personal development	
X24. students uncertainty regarding role (open sessions)	x7:45
X25. difficulty determining clinical intent (open sessions)	
X26. students' uncertainty re. own role: musician vs. therapist	
X42. student developing confidence in own ability & in music	
X44. student: enjoyment	x9:4; z15:18
X48. student satisfaction at positive feedback	
X49. students understanding of MT expanded	x9:3
X51. student needs to expand own musical base	x10:10
X52. student enjoys community placement more than other placements	
X53. student learning to work less structured	
X54. student learning to be less directive	y14:53
X61. student's role: guiding	z4:28
Y39. student observing boys' needs	
Y45. student learning to be alert	
Y47. two-way learning process	
Y49. students' own learning differed	
Y51. experience brought more understanding than reading	
Y54. students learned to negotiate	
Z25. supervision helpful musically	
Z27. student's own personal struggles with supervision	
Z30. student's own realisation of value of MT (settling into role)	z11:10, z10:29
Z33. student learned about own strengths	
Z34. different from other placements: learning to care more	

Table 11. Category 7-Students' personal development

From the codes it became apparent that the students expressed a number of ideas regarding their own personal development: what they had learned through working at this placement. The data revealed enough information with regards to this to form a category that focuses on these aspects. This was done as part of describing the students' experiences at these placements, therefore addressing research question one. The codes belonging to this category included ones that describe the students' perspectives of their own role at these placements. The students at placement X expressed role uncertainty especially with regards to their role in open sessions (X24) and also with regards to whether their role was that of musician or therapist (X26). Some of the students expressed how they experienced their role as that of someone who needed to guide the process (X61) while the students at the residential home stated that once they realised the value of music therapy at the placement, it was easier to settle into their role there (Z30).

Some students described how they had to learn how to be less directive and structured in sessions (X53, X54) and that a valuable lesson they learnt from this experience was how to negotiate with role players (Y54). The students also expressed how each of their learning experiences differed (X49) and how they saw that they learnt from the clients as much as the clients learnt from them (Y47). There were a few codes from the HIV/Aids clinic and one from the residential home that indicated the students' enjoyment of working at these particular placements (X44, X48. X52) and one code indicated the students' realisation of their need to expand their own musical base in order to be more context-appropriate (X51). There was one code that indicated the students' view that learning from experience brought more understanding than theoretical knowledge would have (Y51).

4.2.4 Themes

O Neill Green (2008:72) writes that if coding takes place on a micro level and categorisation moves the researcher to the meso level of analysis, then the formulation of themes indicates a macro level of analysis, bringing together "truths and lessons learned" from the findings. The formulation of themes is done in order to "round off" the data analysis process in order to "see the whole" (Coffey & Atkinson 1996:106,107).

The flow diagram in figure 4 depicts my process from coding to categories to themes. As one can see from the diagram, three themes emerged from the analysis process, based on the comparison and evaluation of the seven categories. I will now broadly be discussing these themes and how I came about formulating them in this way. The themes will be discussed in further detail, and in relation to literature, in the following chapter.
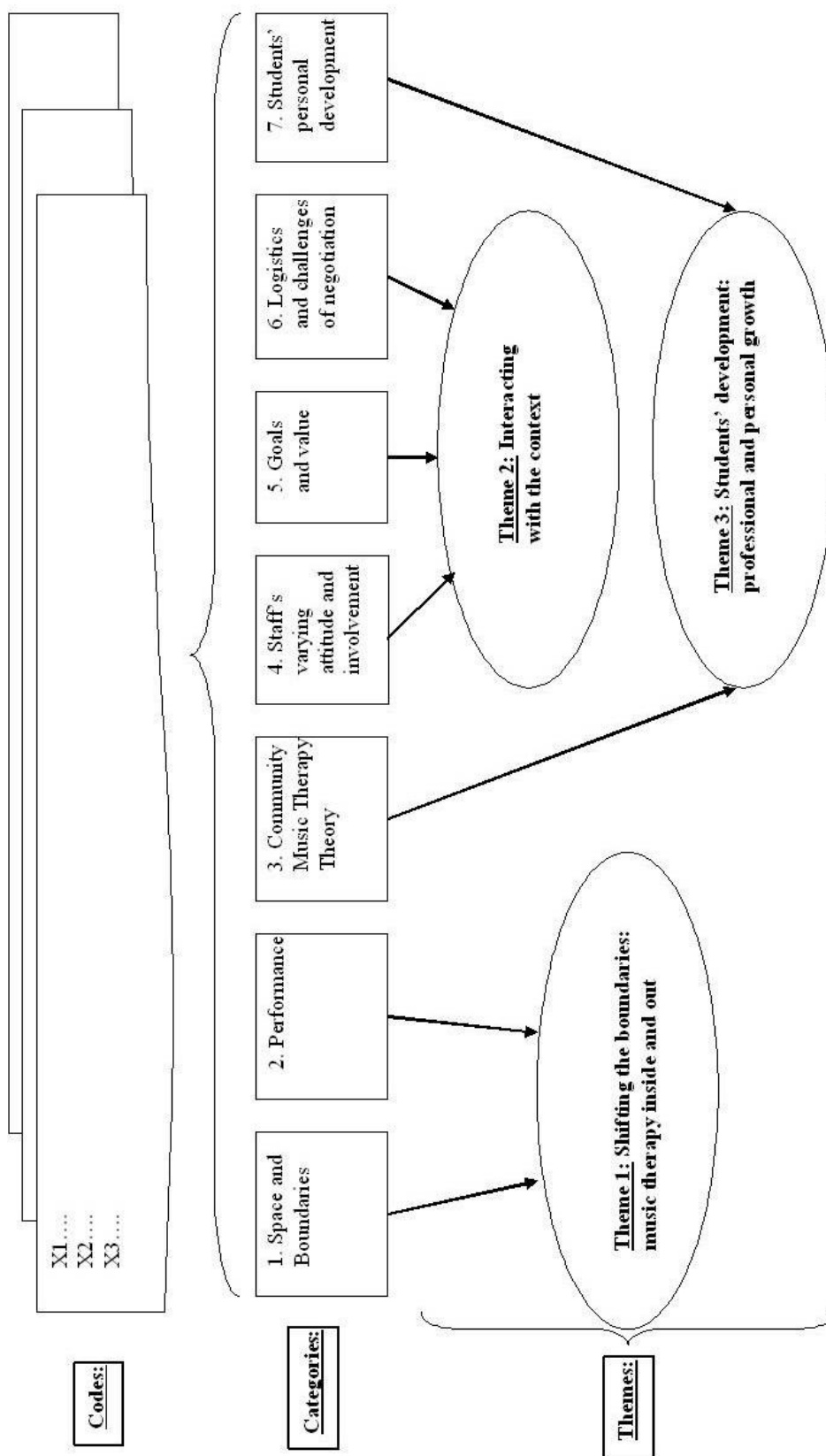
Figure 4. Analysis process: From codes to categories to themes

The figure contains the following labels:

Codes:
X1.....
X2.....
X3.....

Categories:
1. Space and Boundaries
2. Performance
3. Community Music Therapy Theory
4. Staff's varying attitude and involvement
5. Goals and value
6. Logistics and challenges of negotiation
7. Students' personal development

Themes:
Theme 1: Shifting the boundaries: music therapy inside and out
Theme 2: Interacting with the context
Theme 3: Students' development: professional and personal growth

Theme 1: Shifting the boundaries: music therapy inside and out

The categories that belong to this theme are:

Category 1: Space and boundaries

Category 2: Performance

The theme "shifting the boundaries: music therapy inside and out" is used to describe the students' experiences with regards to the boundaries and locations of their music therapy work at the placements. It highlights music therapy's ability to transcend and extend boundaries.

The category entitled "space and boundaries" contained the most codes. From the students' discussions around these issues it appeared that their work at these placements caused them to reflect about the physical boundaries of sessions: Where should sessions be held? Who should be included in these sessions? The students also showed an awareness and consideration of the fact that their own understanding of boundaries was not always similar to that of the people in the communities where they were working.

The students also seemed to be considering the format of the groups very carefully: Should the groups be open or closed? Which of these groups were more effective and why? All of the students spoke about their experiences of conducting open group sessions in communal or public spaces. Open groups were described as enabling more involvement from everyone alike: residents, patients, staff, etcetera. Many of the students indicated that, if they were to redo the work, they would include more open groups.

This notion of thinking about space, boundaries and its implications was taken a step further by the inclusion of a public performance as part of the work at both the shelter and the residential home. Category 2 (Performance) described these codes. From the data it became clear that these students had to consider the implications of extending the space of music therapy to a public one. Shifting these boundaries in this way meant that music therapy affected more people than would have been the case without the performances. The staff at the placements became more involved and the broader community was drawn in by becoming the audience for the performances. The students described many positive outcomes that the performances afforded everyone involved.

From both Category 1 and 2 I concluded that the boundaries of music therapy were something that came to the fore more so at the community placements than at the other

placements where the students had been working, although these issues were not only applicable to these contexts.

Theme 2: Interacting with the context
This theme included three categories, namely:
Category 4: Staff's varying attitudes and involvement
Category 5: Goals and value
Category 6: Logistics and challenges of negotiation

The overarching theme that connects these three categories is one of interaction with the context. The students' interaction with the context was described on three levels: their observations regarding staff, the logistics and challenges of negotiating with each of these contexts, as well as their observations with regards to the goals and value that music therapy had for the people who took part in it.

The students described shifts in the staff's perceptions of music therapy and attitudes and expressed a need to work closely with them. Interacting with the context in this instance meant informing staff about what music therapy is, getting referrals from them, being supported by the staff and at times it meant that the staff participated in the group sessions or performances. The process of interacting with staff was one of negotiation and required the students to be aware of their own role.

Another aspect of interacting with the context is that of the clients' needs and what music therapy offered them. This was discussed in the category "goals and value". This category described the experiences that the students had of what music therapy meant for the clients at their placements. The students' goals for music therapy at these placements resonated with some of the other observations that they made regarding what the people at the placements experienced. They observed music therapy's value for individuals as well as on a broader level. Their experiences at the placements informed them as to what the clients' needs were and this in turn influenced their goals and the nature of their work.
Difficulties that arose through problems with logistics and explaining music therapy to clients posed some challenges for the students. In order for the students to optimally interact with the context, it was necessary for them to negotiate organisational issues such as the location of sessions, the referral and recruitment of members, as well as gaining information about the clients. The students described the unpredictability of each context as another challenge. One of the more personal, emotional challenges was described by the students when they told about how hard it was to leave at the end of their time there.

Theme 3: Students' development: professional and personal growth

In this theme, the following categories were grouped together:

Category 3: Community Music Therapy Theory

Category 7: Students' personal development

As learners, the students were informed by their developing knowledge of theory and also by the experiences that they had at these placements. What emerged from category 3 and 7 was that the students needed to be open to learning and be willing to adapt their own thinking according to the circumstances. The students' experiences influenced them on both a personal level, as depicted in category 7, and on a broader level with regards to their clinical thinking and theoretical knowledge. They had to learn how to use their knowledge of music therapy theory and integrate it in the most suitable way with the needs of the context.

It became apparent how interrelated theory and practice really are. All of the students expressed a need for receiving theoretical input with regards to Community Music Therapy before commencing their work at these placements, but some of them also indicated that they were able to integrate the theory and practice more effectively because they received the theoretical input while they were working at these placements. The students also stated that they would not have understood Community Music Therapy theory, had they not worked at these community placements in the way that they had.

Category 3 addressed research question two directly in that it contained comments by the students about Community Music Therapy. These comments included that they identified with Community Music Therapy literature and that they felt that Community Music Therapy is particularly relevant for the South African context. The students also indicated that work that they have done at other placements could also be best explained by a Community Music Therapy framework. Some of the students' comments suggested that their working at these placements and engaging with the theory have led to the development of their clinical and professional thinking.

As stated in the name of this theme, the students also spoke about their own personal growth and development as a result of working at these placements. The data revealed that they had to learn how to work in a less structured and directive manner. They had to deal with role uncertainty in the light of large open sessions, but they also told of how their confidence in their own ability and in music increased. It also became known that the students realised that they needed to expand their own musical base and repertoire in order

to better address each context's needs, taking into consideration the culture and preferences of the people they are working with. The students described their work at these placements as a "two-way learning process" and that working at these placements showed them the value of music therapy, indicating that they saw their internship at these placements as invaluable in their learning process.

In this chapter, I have described the data analysis process. I have illustrated how I transcribed and coded the interviews. How the codes were categorised was explained next. Lastly, the process of formulating the three themes from the seven categories was outlined. In the next chapter, I will continue the data analysis by discussing these three themes that emerged from the data in relation to the two research questions.

Chapter 5.

Discussion

5.1 Introduction

In this discussion of the findings of the data I will be describing each of the three themes that emerged from the analysis. The two research questions are not mutually exclusive and will therefore be discussed in an interrelated manner. I will be presenting a detailed description of the findings within each theme in order to address both research questions. As a reminder to the reader, I have included a table below presenting the research questions, the three themes and their corresponding categories.

Research questions		
1. How do student music therapists experience setting up and working at community placements? 2. How do these students use Community Music Therapy as a framework to inform, reflect upon and discuss this work?		
Theme 1: Shifting the boundaries: music therapy inside and out		
Category 1 Space and boundaries		Category 2 Performance
Theme 2: Interacting with the context		
Category 4 Staff's varying attitudes and involvement	Category 5 Goals and value	Category 6 Logistics and challenges of negotiation
Theme 3: Student development: professional and personal growth		
Category 3 Community Music Therapy theory		Chapter 7 Students' personal development

Table 12. Summary of research questions and themes

5.2 Discussion of themes in relation to research questions

5.2.1 Theme 1. Shifting the boundaries: music therapy inside and out

The students' experiences of setting up and working at community placements involved a growing awareness of boundaries. Students from all three the placements reported an awareness of their own initial need for boundaries when conducting sessions, whether this

entailed a physical space where music therapy could take place, or temporal boundaries such as starting and ending sessions at certain times. They spoke about how some of their thinking about space and boundaries was informed by how they had been trained in their first year, which focussed mostly on either individual sessions or on sessions with closed groups. The students from the residential home initially intended to conduct individual sessions and one of the students from the HIV/Aids clinic commented about her initial thinking about the location of sessions in the following way: "At first…I was really intent…on getting a place where we could have closed groups" (x4:46-49)[3].

At the residential home the students' need for a consistent, defined physical space in which to conduct sessions was met, although they later encountered some difficulties when the staff and other residents needed the hall for another purpose. At the other placements the students had to adapt to the available space at the placements and they resultantly conducted sessions in communal or public areas. They therefore moved beyond the boundaries of the private treatment room that Ansdell (2002:133) writes about, to working where music-making was needed and not within pre-defined spaces only. One of the students at the HIV/Aids clinic spoke about how she conducted a session "under a tree" (x5:15-16). This links with literature from a Community Music Therapy framework that described music making taking place "wherever, whenever and however" (Procter 2004:230) it was necessary. This shift in their thinking about boundaries and space is an example of how the students learned from their practical experiences at these placements and adapted their thinking accordingly. It illustrates the relevance of what Murphy and Wheeler (2005:138) and Préfontaine (2006:6) call "experiential learning".

Many of their experiences during this community internship showed the students that the people at the placements often do not regard the boundaries of music therapy in the same way as they do. Through their experiences they realised that working at these placements often called for a more flexible approach to boundaries of sessions than had been the case at other placements. A student from the shelter said "…like your boundaries in your sessions…you don't have a choice…they are just more fluid, because of the setting" (y5:43-46). The students' comments resonate with Pavlicevic's (2004a:42) description of her work at Thembalethu, in which she writes about the inside and the outside of the therapeutic space as not necessarily separate.

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[3] When discussing quotations from the interview transcripts, these will be referenced by a number that indicates the interview number first (x, y or z), the page number second and after a colon the number of the line(s) of the quotation.

The students from all the placements conducted a number of open groups and they commented that these groups created a sense of community and togetherness among the people who attended. The people who attended these open sessions included staff from the placements, interested passers-by and anyone who wanted to join in. At the HIV/Aids clinic the open groups included "staff members, volunteers…patients…workers from other departments…groundsmen [sic]" (x2:1-5) This ties in with Ansdell's (2002:133) discussion of how Community Music Therapists take into consideration all of the members of the "circumstantial communities" that they work in. Students from all of the placements concluded that, in retrospect, they would have conducted even more open groups at these placements.

In addition to reflecting upon their experiences of open groups, the students also discussed the closed groups that they had facilitated as part of their community placements. They spoke about how these groups only involved patients or residents as well as themselves as therapists and not other members from the community such as the staff. The students at the shelter were of the opinion that having groups that were regarded as closed , instead of open groups, allowed for the members to develop a sense of ownership of the group (y11:51-53) and it made it possible for the students to formulate unique goals for these groups.

The students often experienced that the people at the placements did not always respect the session boundaries if there were any in place. They said that this disregard of boundaries was not something that was completely unique to the community placements but that at other placements they would be more likely to "close the door" (y13:4). At the residential home, interruptions of sessions adversely affected the concentration of the lower functioning members and the students also experienced a sense of being "in the way" when they had to move the location of sessions (z7:43). This disregard of session boundaries was described by these two students as part of their "low point" of working at this community placement. The students from this placement commented that, even though in retrospect they would have had more open groups, they probably would have kept the closed group to address the needs of the lower functioning residents more effectively. The students at the HIV/Aids clinic expressed that if they were to do longer term work at the clinic they would have liked to include individual sessions in addition to the more open sessions that they have been conducting. This reminded me of the three-step programme that Wood *et al.* wrote about (2004:61), where it is possible for individuals to take part in individual and group therapy within the institution and where the possibility exists for music therapy that connects with the community on a broader level. Wood's (2006:9) matrix model of Community Music Therapy also then sets out the possibilities of different formats of music therapy such as individual

music therapy, group music therapy, tuition, performance projects, ensembles, music for special occasions, workshops and concert trips as part of a matrix of possibilities for working communities. The inclusion of open and closed groups, as well as individual work, in the music therapy programme according to the context's and clients' needs is also something that resonates with Ansdell's concept of the individual-communal continuum. According to him (Ansdell 2002:134) aims should be formulated for all the relevant systemic levels (micro-, meso-, exo-, macro-) and these aims should be seen as complementary to each other.

As students who were still in training, the interns underwent regular group supervision as well as on-site supervision. The students spoke about whether clinical supervision addressed issues surrounding boundaries and space. The students from the shelter spoke about how group supervision sessions drew their attention to the openness of the space in which they were working and helped them to reflect about how music therapy might influence the people who were moving in and out of this communal space where they were working. The students at the residential home said that their on-site supervision focussed more on clinical musical issues than on matters regarding space and boundaries. Similar to the collaborative learning consensus groups as described by Luce (2008:44), the students had to construct their own learning process at each placement and the group supervision classes aided their process of self-reflection regarding space and boundaries.

The students' experiences at these placements made them more aware of the fact that music permeates physical boundaries in that it can be heard outside of the physical space where the music is happening. A student from the HIV/Aids clinic spoke about how you "can't enclose music" (x5:19). This student and her co-therapist at the clinic spoke about how they realised that music therapy can positively influence the environment. This concept formed part of how their thinking was broadened in that there was increasing realization of how the "community is affected by the music" (x8:7-8). The student who said this also said that she did not know about this impact on the community before she learnt about Community Music Therapy. Stige's (2002b:328) description of Community Music Therapy as music therapy that is "linked to the local communities" and Ansdell's individual-communal continuum (2002:125) are ideas from Community Music Therapy that pertain to not only considering individuals and groups, but also to consider the communities when conducting music therapy. There was therefore an indication that the students started to rethink the boundaries of music therapy by drawing from a framework of Community Music Therapy.

The students at the shelter and the residential home also shifted the boundaries outwards into the community by way of including public performances as part of their work.

Community Music Therapy literature includes many references to performance (Procter 2004, Ansdell 2005,Turry 2005, Aigen 2004, O'Grady 2008) in which the use of performance as a "valid therapeutic tool" (O'Grady 2008:5) is discussed as "offering new possibilities for client development" (Aigen 2004:211) in the areas of musical, artistic and personal growth, as well as in terms of "building community" (Aigen 2004:187). The students from these two placements discussed the performances and they expressed how much they learned from shifting the boundaries of music therapy outwards into the public sphere. The performances were experienced as the highlight of their work. The students had to consider the implications of extending the space of music therapy sessions from within the music therapy groups outwards into the institution and the community. Shifting the boundaries in this way meant that music therapy now included more people than would have been the case without the performances. The staff at the placements became more involved in various ways. One staff member participated in the concert at the residential home. At the shelter, apart from making the announcements at the concert, the head of the shelter also took part in the concert: "He just…spontaneously participated" (y4:4).

Students described how the performances enabled an increased involvement from the general community outside the institutions in that they could participate as an audience. One of the students at the residential home also spoke of how the audience was drawn in and participated in the music: "One of the nicest things that happened there was the audience actually started joining in" (z4:50-51).

Just like the students reflected about how the performance gave the community and opportunity to see these people in a different way, they also spoke about how the performance gave the clients a different experience of themselves. The clients expressed pride in participating in the concert, a sense of achievement as well as an opportunity to contribute something. This supports Aigen's (2004:211) comment that performance offers new possibilities for client development that would not otherwise have been possible in individual or even in group therapy. Turry's (2005:5) observation that performance could be unsuitable for certain clients because of the anxiety of performing in front of an audience rang true to some extent for the students at the residential home. They reported that some of the residents were anxious on the day but that once the performance started they really seemed to enjoy it.

The students said that the performances were a direct (at the residential home) and a more indirect (at the shelter) consequence of learning more about Community Music Therapy. They spoke about how they practised for the performance instead of having conventional

sessions: "…sessions where we didn't have 'sessions' and we started just practising for the performance" (y6:12). There had been a shift in if and how the students had previously thought of performance as part of music therapy. Their experiences showed them that it can be a valuable tool (O'Grady 2008:5) for working with these population groups. The students found that Community Music Therapy literature on performance was very helpful in their work.

As can be seen from the above, this theme addressed both research question one and research question two. The students' experiences involved a number of issues surrounding boundaries, leading them to consider the physical boundaries of sessions, the format of the groups and also led the students to include performance as part of their work at two of the placements. If one considers these experiences in terms of a Community Music Therapy framework, it becomes evident that these issues are directly addressed within this framework. The students spoke about boundaries, space and performance in ways that showed clear parallels with a Community Music Therapy framework.

5.2.2 Theme 2. Interacting with the context

Within this theme, the students' interaction with the context was described on three levels: their observations regarding staff, their experiences with regards to the goals and value that music therapy had for the people who took part in it, as well as the logistics and challenges of negotiating with each context. From their experiences at the community placements the students "learned to negotiate", as one of them put it (y17:27). They spoke about their work as situated in and influenced by the context in various ways. This is firstly reflected in how the students experienced their process of interaction with the staff at the various placements.

The students specifically described their experiences with and observations of the staff at the placements, both in answer to the second interview question, in which they were asked how they thought the people at the placements experienced the music therapy process, as well as in other parts of the interviews. The students reported that the staff members at placements were mostly uninformed about music therapy and that if they gave referrals, it was often people who were considered "musical" who were referred. The students said that towards the end of their work, the staff seemed to realise that music therapy is for everyone, and not just for musically-inclined individuals. As student E put it: "I think they got the idea that anybody can join" (z2:51).

Some of the staff initially displayed sceptical attitudes and anticipated difficulties that music therapy could bring. One of these anticipated difficulties can be observed in one of the students from the HIV/Aids clinic's comments: "they thought we were going to make a noise and that was it" (x3:9). Through their process of working at the placements the students experienced a notable shift in the staff's perceptions of music therapy from being at times negative and sceptical towards realising the value of music therapy. At two of the placements, the students experienced that involving staff in the sessions had a positive effect on their perceptions of music therapy as reflected in the comment "…you could see how it changes their perceptions of [music therapy]" (z10:37-38). Similarly to how Aasgard (2004:151) involved family and staff members in different aspects of his work in paediatric hospital settings, the staff at placements became involved by taking part in open groups and in the performances.

By the end of the students' work at these placements, the staff showed changed perceptions with regards to how they viewed music therapy. The staff themselves took part in the music therapy sessions and in the performances and through this participation they experienced that it was more than "just making a noise" (x3:14). One of the staff members at the HIV/Aids clinic expressed his initial goal for music therapy as "to teach people skills" (y11:47). By the end of their work, this staff member showed a shift in that he now expressed an increased awareness of the value of the experience of music-making as opposed to only focussing on skills (x12:16).

The students expressed a need to experience the staff's support. The amount of support that they received varied from placement to placement. In the instances where the staff support was high, the students experienced this as very positive and encouraging. In instances where the staff support was low, the students expressed a need for increased support from staff with regards to logistics and referrals. I concluded that the students wanted to work together with the staff instead of in an isolated, separate manner. A student from the residential home said: "I think one of the needs I had was to feel that staff supported us" (z25:40-41). The students from this placement expressed how, in retrospect, they would have made a bigger effort to involve the staff: "I think if they had been involved from the beginning, it could have changed how they'd felt and seen…done the music therapy or just musiced with…" (z13:27-29).

The second aspect of interacting with the context that is encompassed in this theme is how the students experienced the clients' needs and what music therapy offered them. This was discussed in the category "goals and value". This category described the experiences that

the students had of what music therapy meant for the clients at their placements. As part of their clinical work, the students formulated goals for music therapy at these placements. Goals included social interaction, normalisation, enjoyment, relaxation, reconnection, community and acceptance. These goals resonated with the observations that they made regarding what the people at the placements experienced.

Through their experiences at the placements they were able to observe what the value was for the people who took part in music therapy. The students at the HIV/Aids clinic spoke about how the people at the clinic made comments after they had attended sessions and that these comments indicated to them what value music therapy had for these people. The comments included "We are like family" (x8:24) and "The music is my comforter" (x8:25). Their own feelings throughout the process were also an indication to the students about how the clients experienced music therapy. At the shelter, for example, a student said that "towards the end, [she] experienced this great sense of connectedness" (y7:17).

Music therapy conducted within a Community Music Therapy framework is context-specific. This can be been seen in how Ansdell (as cited in Pavlicevic & Ansdell 2004:21) describes Community Music Therapy as resisting "one-size-fits-all-anywhere models" and Ruud (2004:12) speaks of an approach that is "sensitive to cultures and contexts". Stige (2004b:1) states that Community Music Therapy is "about sensitivity to contexts" and must be defined in context". In this second theme which describes the students' experiences regarding interaction with the context, one sees a number of issues emerging that link to Community Music Therapy's emphasis on working with the context. In many of the instances where the students spoke about their goals for and observed value of music therapy at the placements, one sees how they speak of the clients in relation to their communities and not as isolated individuals. This can be seen in their goals of social interaction, reconnection, musical community and acceptance. They also spoke about how music therapy was observed as connecting people, drawing people in and allowing for a sense of belonging to develop between music therapy participants. This is reflected in the following comment by a student from the shelter: "Towards the end, I got this great sense of connectedness" (x7:17). Their goals and the value of music therapy that the students spoke about revealed how their thinking was not only individually-directed, but also "linked to the communities" where they worked, a principle that relates strongly to a Community Music Therapy framework (Stige 2002b:328). Stige (2004a:93) writes that "community is not only a context to be worked *in,* but a context to be worked with". Pavlicevic and Ansdell (2004:27) write that "connection" is one of the factors that is largely excluded by the consensus model which Community Music Therapy addresses and here one sees the students speaking about connection as one of their main goals.

The third aspect of interacting with the context that is addressed by this theme is that of the difficulties and the logistical issues that the students had to face. One of the difficulties that the students spoke about was how to explain music therapy to clients and how to invite them to take part. Sometimes, people spontaneously took part in the open groups but on other occasions, some explanation and direct invitation was necessary. In order for the students to interact with the context, they had to negotiate organisational issues such as the location of sessions, the referral and recruitment of members, as well as gaining information about the clients. At the residential home, they sometimes had difficulty locating their clients, as the following comment indicates: "…it took a long time of our work to go and find them and then the next group would come…" (z6:16). The students at the shelter described the unpredictability of each context as another challenge.

The students' discussions around the difficulties that they faced were framed from the perspective of trying to design programmes that best addressed each context's needs. They drew from their developing knowledge of theory and their experiences at previous placements and the data showed how they considered each placement's unique organisational profile and tried to negotiate the most appropriate music therapy programme for each setting. A student from the shelter wrote that "through the process of working there" their "ideas…moulded". (y8:38) At the shelter the students had to consider that building a trust relationship with the boys was going to take time and so they decided on group work instead of individual work, for example. The students were learning how to work in these contexts through their experiences. This is expressed by the following comment from student A: "the more we talked about it, the more we actually worked there, you [sic] understand that it is actually not going to work…" (x5:3).

Once again this points to the concept of experiential learning and its relevance in music therapy training, as addressed at the 2002 Symposium on Experiential Learning (Murphy and Wheeler 2005). It also indicates how the students thought about collaborating with the people at the contexts instead of imposing their own ideas onto them. One of the students referred to music therapy literature regarding this by saying: "What does that woman say? From intervention to collaboration…" (x10:31). This reference comes from an article by Rolsvjord (2006) in which she talks about music therapy as empowerment, noting the clinical and political implications of empowerment philosophy. In this article, Rolsvjord concludes that empowerment questions an individual focus on music therapy, implying that music therapy should be a more collaborative process. This resonates with Stige's (2002b:146)

statement which suggests that individual music therapy is a "microsystem port of entry" and that broader levels of entry should be considered by Community Music Therapists.

In summary, this theme describes the experiences that the students had of interacting with the context. These experiences included observing staff's perceptions and reactions to music therapy. The students went through a process of determining goals, observing the value of music therapy and adapting their work according to the needs of the context. Their experiences also included difficulties that had to be dealt with. When considering a Community Music Therapy framework, the data revealed that the students interacted with the context in ways that resonate with ideas from Community Music Therapy in that they saw the value of music therapy for the individual-in-context, they considered music therapy as part of bigger systems (Stige 2002b:130-148) by interacting with role players such as the staff and they tried to shape their work according to the contexts' needs and profile (Ansdell, as cited by Pavlicevic & Ansdell 2004:21,Brown 2002:83).

5.2.3 Theme 3. Student development: professional and personal growth

The third and last theme concerns the students' annotations regarding their own development, both personally and professionally. They indicated that their experiences at these placements taught them a great deal about themselves and about music therapy.

There were students who said that their experiences at these placements helped them to develop confidence in their own abilities and in music. They stated that they initially lacked confidence and certainty about what their roles were but that through working at these community placements, they realised the value of what music therapy can offer and what their role could be in facilitating this. This realisation helped them to settle into their role at the placements, leading to an understanding that, as music therapists, they are able to facilitate these valuable experiences. They also started realising that one of their roles was to guide the people at the placements through the music therapy process, as it was a completely novel experience for many of them. In Wheeler's (2002:285) survey, students also expressed similar experiences of uncertainty and lack of confidence, and she describes how this changed through working at their placements. These findings are also similar to that of Van Weelden and Whipple's (2004:340) study, which showed that the participants' field experiences led to more positive feelings of being prepared for the work with a particular population group.

A number of students expressed that they enjoyed working at the community placements more than at other placements. In Smyth and Edwards' study (2008), one of the themes that emerged from their discussions with final year students also indicated that the students enjoyed their practical work.

The students' experiences also led them to a realisation of the limited nature of their own musical background and that they needed to expand their own musical base in order to be better able to address different contexts' needs. This links with what Brown (2002:83) says about music therapists working in an ever-increasing multitude of settings who have to adapt their thinking accordingly. Other personal learning curves that the students went through were learning to work in a less structured and less directive manner, learning to be more alert during group work and to negotiate music therapy with the various role players at placements. Through this they seemed to learn how to work with more flexibility both within sessions and more broadly, in their negotiations with the placements. One of the students who worked at the shelter described her process at the placement as a two-way learning process by saying: "…we taught each other, we learned from each other…" (y14:40).

The interview data also revealed information regarding the students' use of Community Music Therapy theory during their work at these placements. They commented that through their work at these placements, their understanding of music therapy expanded. One student said that having the experiences at these placements brought more understanding about Community Music Therapy than only reading would have.

Most of the students expressed the notion that Community Music Therapy and conventional music therapy should not be regarded as separate, although the students from the residential home expressed that they struggled to "integrate Community Music Therapy and conventional therapy". These same students expressed a certain amount of pressure to make their work at these placements more community focused. They also maintained that their work at this placement could be described more as conventional music therapy than Community Music Therapy. They described one session of open group musicing which they described as happening in a "natural" way and not because they were trying to fit the work within Community Music Therapy principles. Student E phrased it as follows: "…the last day with that big open group was not theory, it was just…natural" (z13:47-48). Although this may seem like an indication that their work was not in line with a Community Music Therapy framework, I want to suggest that the opposite can be said. The use of the term "musicing" in Community Music Therapy reflects the fact that taking part in music in any capacity is "to music" (Small as cited by Stige 2002b:100). In this instance, the open group led to a "natural" act of musicing between many "musicers" (Pavlicevic 2003:170, something that

Community Music Therapy regards as an opportunity for the experience of "musical communitas". The student described this open group as "really community"(z12:33), and she used the term "musicing" to describe what happened. Both these comments indicated how the student's perception of this event had been influenced by ideas from Community Music Therapy.

With regards to the Community Music Therapy theory component of the course, most of the students expressed that they thought it would have been helpful to start learning about Community Music Therapy theory in the first year of study, as opposed to starting in the second year as was the case in the current year. The students expressed that having the theory component while they were doing the practical work was very insightful but that they thought that Community Music Therapy principles could have been useful at some of their earlier placements as well. The students expressed that Community Music Therapy ideas did not initially influence their thinking very much, as they were still unaware of it at the start of their work. They then started to identify with Community Music Therapy literature and then Community Music Therapy ideas became applicable. The students at the residential home expressed that the idea to have a performance as part of their work was a direct influence of Community Music Therapy theory. Both the residential home and the shelter's students reported that they experienced much of the value of their work as a result of the performances.

The students from the HIV/Aids clinic stated that the South African context actually necessitates a Community Music Therapy approach and they said that what they know now about Community Music Therapy could have been helpful at other placements as well. This notion was expressed by one of the students as follows: "…some of the thinking could have actually helped some of my other work last year" (y16:44-45).

Another aspect of the students' development that was addressed by this theme will now be looked at. The students at the HIV/Aids clinic expressed some role uncertainty, especially with regards to their role in the open sessions. They struggled with determining what their "clinical intention [sic]" (x3:44) was and sometimes experienced a dualism between being musicians and therapists (x4:2-3). There is a connection between these comments and Ansdell's (2002:134) discussion of the identity and role of the Community Music Therapist. He writes that Community Music Therapy encourages music therapists to re-evaluate their role within the context. He also writes that Community Music Therapists see themselves as both musicians and therapists. Whether the students were aware of these comments by Ansdell, are not clear from this study but they do seem to have been considering issues that

are addressed explicitly within the Community Music Therapy literature. With regards to Community Music Therapy 'vocabulary', in one specific comment, one of the students from the residential home spoke about "musicing", a concept that is directly derived from Community Music Therapy literature (Ansdell 2004:70, Pavlicevic 2003:17, Stige 2002a:5).

The number of comments that the students made about music therapy being context-specific indicated to me that they were looking at this aspect of their work very carefully. One of the students commented that "it depends on the place where you work, that's how you will work, that's how you will think" (x9:17-19). As the importance of context is highlighted many times in Community Music Therapy literature (Pavlicevic 2004:45, Stige 2004a:93, Pavlicevic & Ansdell 2004:21, Ansdell 2002:134), the students' thinking surrounding these issues seem to have been influenced to some extent by Community Music Therapy theory. Many of them described the importance of adapting one's thinking according to the needs of the context (x9:17, y5:27, y6:31, y6:45, y15:44).

Within this theme, what emerged from the data was how the students experienced personal growth with regards to their own development as therapists as well as in relation to a broadening of thinking that increasingly included ideas and concepts from Community Music Therapy. This directly addresses research question one in that it shows how their experiences at these placements guided their own personal development. Question two is also directly addressed in this regard in terms of how the students themselves spoke about how they drew from Community Music Therapy theory.

Through this detailed discussion of the three themes that emerged from the data, one can see how the two research questions have been addressed. Through theme one it became apparent that the students experienced a number of issues surrounding the boundaries of music therapy. In terms of a Community Music Therapy framework, the data revealed how the students' comments showed influences from Community Music Therapy. The second theme showed how the students experienced their interactions with the context. These experiences included observing the staff's perceptions of and reactions to music therapy. The students adapted their work according to the needs of each context, formulating goals and observing the value of what music therapy offered at the placements. Their thinking was aimed at the individual-in-context and they considered the context's needs and profile in their work. Theme three revealed the students' experiences of professional and personal growth, particularly how their thinking had been influenced by a Community Music Therapy framework.

In the next chapter, I will be concluding this discussion by summarising my findings and reflecting on the research process, its limitations and recommendations for further research.

Chapter 6

Conclusion

6.1 Overview of findings

With this study I wanted to investigate the experiences of the first group of music therapy Masters students at the University of Pretoria who set up and conducted work at their own community placements. I was also interested in exploring how these students drew from a Community Music Therapy framework in discussing, reflecting on and conducting the work. This research process revealed a number of aspects of how the students experienced their work at these placements and how they drew from a Community Music Therapy framework. To conclude, I will now briefly highlight some of these findings.

One of the main categories that was identified related to the space and boundaries of music therapy. The research showed how the students had to think about the location and boundaries of sessions in a flexible way, adapting to the logistics and needs of each context. They discussed the value of open groups with fluid boundaries, as well as the value of groups that are more closed and the possibility of conducting individual sessions at these placements. The students spoke about the role of performance as part of the music therapy process at two of the placements. The performances were described by the students as a useful, meaningful way of working in these contexts.

The students also presented how they felt about Community Music Therapy theory as part of their training and the findings showed that they had made use of ideas from a Community Music Therapy framework to varying degrees. Some of the students described how learning about Community Music Therapy helped them to broaden their clinical thinking, while other students commented that they struggled to integrate certain aspects of their work with Community Music Therapy ideas. The students all indicated that they would have preferred learning about the Community Music Therapy theory component earlier on in the training as opposed to during their time at the community placements.

The shifting attitudes and involvement of staff at the placements were something that featured as a prominent part of the students' discussion. The students largely felt that staff's perceptions regarding music therapy developed positively during their process of working at the placements. The students also discussed how the community placement experiences helped them to see the value that music therapy can have in these contexts. Music therapy seemed to be valuable on an individual as well as on a more collective level, with the students describing how music therapy brought connectedness and an opportunity to overcome cultural differences.

The students discussed some of the logistical issues and other difficulties that they encountered and how they had to learn how to negotiate these difficulties. They also expressed a number of factors that they learned about themselves and their own development as music therapists. They described how these internships taught them about their own strengths and abilities, as well as about the possible value of music therapy. They expressed how they felt they had learned to become more flexible and that they needed to expand their own musical base to better address each context's needs.

6.2 Limitations of this study and recommendations for future research

As mentioned previously, the findings of this study are not generalisable as would be the case in certain kinds of quantitative research. This could be seen as the first limitation of this study. It is however hoped that this study can contribute to the knowledge of music therapy in South Africa because the context and findings were described so that the reader can determine the transferability of the results to other contexts. The second limitation of this study has to do with the fact that the participants were students only. The study revealed the students' perspectives of the experiences and did not focus on the members of the communities that they worked in or on the views of their educators, both of which could have also provided insightful information about the process. The students may also have been reserved in the information they revealed in order to not compromise their performance academically.

This study revealed that the students valued these community placement internships highly and that it was a helpful learning experience for them. Future studies could focus

more on the students' experiences of the course as a whole in order to provide more insight for educators about the music therapy learning experience by possibly helping to identify and improve the weaknesses of the course syllabus and to develop its strengths.

With regards to the use of a Community Music Therapy framework, this study has highlighted the students' perceived relevance of Community Music Therapy theory for the contexts in which they had been working. Future researchers may want to shift their attention to the already established music therapists who are utilizing Community Music Therapy principles in order to provide a broader picture of the current practices in South Africa, focusing on specific contexts and communities.

This study presented my interpretation of how the music therapy students of 2009 experienced their work at community placements and their thoughts about the influence of Community Music Therapy. What is presented here is therefore context-specific and interpretational, presenting one qualitative perspective on some of the Community Music Therapy work in South Africa. With this in mind, I would like to conclude this dissertation by agreeing with Stige (2004a:92), who states: "I can only tell you what Community Music Therapy is for me, and perhaps for some other people, in the hope that this will help you work it out for yourself".

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Appendix A

Interview schedule

Interview Schedule:
Students' experiences at community placements: **drawing from a Community Music Therapy framework**
1. Please tell me about your experience of setting up a community placement.   (Format of work, goals, clients, other role players) [1]
2. How do you think "people at the placement" experienced this process?   (Refer back to people mentioned in question 1)
3. What were some of your needs as a student working at this placement?   (Supervision, co-therapist, staff, support, knowledge)
4. In what ways did you experience this community placement as being similar   **and/or different to your other placements?**   (Context, format, aims, performance, boundaries)
5. Did what you know about Community Music Therapy influence your work here,   **and if so, how?**   (Identity & roles; Sites and boundaries; Aims and means; Assumptions and attitudes)
6. Please tell me about the high point of your work at the placement.
7. Please tell me about the low point of your work at the placement.
8. What did you learn about music therapy while working at this placement?   (General, South Africa, context)
9. What did you learn about yourself while working at this placement?
10. What would you change if you had a chance to do it over again?

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[1] Possible prompts are indicated in brackets.

Appendix B

Consent forms

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

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Music Therapy Unit

Tel: 012 420 5372

Fax: 012 420 4517

musictherapy2@up.ac.za

www.up.ac.za/academic/music/music.html

Date: ....

MUSIC THERAPY SESSIONS: PERMISSION FOR ATTENDANCE AND TO RECORD

I consent to attend music therapy sessions with students enrolled in the Masters of Music Therapy Degree Programme of the University of Pretoria from_____ to ___ __ 2009..

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

_____ Initials and Surname

_____ Signature

_____Representative: Institution

_____ NAME: ...., MMus (MT) Student

_____ Mrs C Lotter MMUS (Music Therapy) Training Programme

FACULTY OF HUMANITIES
DEPARTMENT of MUSIC

Music Therapy Unit
Tel: 012 420 5372
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musictherapy2@up.ac.za
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Date:_____

Dear music therapy student

My name is Marica Hattingh and, as your fellow music therapy student of the class of 2009, I am asking you to participate in my research project as part of the MMus (Music Therapy) degree.

I am doing a mini-dissertation on Community Music Therapy in South Africa I and would greatly appreciate your participation in an interview for this purpose. This will take on the format of a small focus group interview with you and your co-therapist, in which I will be guiding the discussion with questions relating to your internship at your community placement during the period February to May 2009. Your participation will assist in increasing the body of knowledge regarding the topic and thereby in furthering the development of music therapy in South Africa.

Please read through the following and sign this document if you agree to participate in this research project.

INFORMED CONSENT AND PERMISSION TO CONDUCT INTERVIEWS

I _____ hereby agree to participate in an interview for the purposes of the above-mentioned research project.

I understand that the interview will be audio recorded for the sole purpose of accurate transcription and not for public airing. I also understand that I can listen to the audio recording if I would like to.

I understand that I am free to withdraw from the discussion should I so choose and confirm that there is no financial incentive for me to participate herein. I have also been informed that my anonymity will be ensured.

_____Name of interviewee

_____Signature of interviewee

_____Name of researcher

_____Signature of researcher

Appendix C

Interview transcripts

	Sentence
I	Could you please tell me about your experience of setting up a community placement at X?
A	(Giggling.)Uhm…I think in the beginning it was a bit daunting. New placement, like every other placement. New placement, new people, new population group to work with. Uhm, and especially the setup.
I	(Mmm)?
A	That was a bit daunting to me.The way we had to manage how to, or where to have the sessions.But, uhm, ja, since you, once we've got G and H on our side, I think it went a bit better…it was less daunting. Someone you can rely on.Someone that could help you.
I	Could you tell me a bit more about the setup and the problem of where to have the sessions?
B	Well, there was no physical space that was allocated for us, because they had a lack of space...as well and because the people don't attend that often, the clinic, they only come once a month, or once in two months, they didn't have, they didn't have a, or they would only come when they want to come and that was difficult.(I'm talking in circles.)Ja, and when we asked for the room, they said we were going to make too much noise, and the nurses will complain.But then finally when we explained to them, after sending them a letter that was written by the university, we got the room.
I	And, uhm, did you have all your sessions in this room?
A	No. We had three sessions during the day, or the morning, two in that room and then one outside in front of the building where loads of social interaction is happening.
I	And what format did these sessions take on?
B	Well, the first two in the room were more closed, it was more, people were uhm, personally invited to come, which they then, they can either decide "No" or "Yes" and then most of the time they did come...and then the open group session people just…pitch up and they just happen to be there.
A	(Mmm), just participate.
I	And which people were these…who attended the sessions?
A	In the closed, or in the boardroom sessions, where we, the closed groups, were mostly patients with the exception of one or two staff members.
I	(Mmm)
A	And then outside was actually everybody.
B	Yes, staff members, volunteers, patients, or…persons with HIV
A	HIV, (Mmm)…and also vol…workers from other departments.
B	Like the groundsmen…
I	(Mmm)…
B	The gardener…(soft laughing).
I	OK. And how did you go about formulating goals for these sessions?
A	Uhm…For the…for my sessions in the boardroom my goals were more or less something like… social interaction, uhm…a space where they could experience themselves in a different way than being a patient, being normal.
I	(Mmm).
A	As opposed to someone with HIV.Uhm…and also a space where they could share and express their feelings and emotions and experience joy.And also a space where they could relax.
B	I think it originated from when we first got there and our meetings that we had with J.
A	(Mmm).

B	What he said, you know, they want to go back to their normal, they want something normal to hold on to.
I	(Mmm)?
B	Uhm, and through my own research I found that persons with HIV/Aids don't often interact with other people, because of the fear of labelling and stigma…
A	Stigmatisation…
B	…and discrimination against them.So I think the overall goals of that of both, of all three our groups were just that: facilitating interaction, reconnecting, uhm, reconnecting with other people, and therefore establishing their own little community where they could be accepted.
I	OK… How do you think the people at this…at this hospital, uhm, the patients, the nurses, the…everyone at the clinic… How do you think they experienced this process? Of setting up the placement?
B	I think the staff members were…surprised at what happened.
I	(Mmm).
B	If I can use that word. They didn't think, I don't think they knew what we actually did and what our aims were.
I	(Mmm)?
B	Uhm, and I think they had a total different experience from what they thought we were going to do. They… I am not sure if they still know what we did, but…(giggling)Uhm…Well, especially the people, say for instance the people in the clinic in the boardroom, those…the counsellors there. I think the people at the O had more or less a better idea and they knew what we were there for. But the people in the clinic, I think they didn't, they thought we were going to make a noise and that was it.Ja.
A	And I think as soon as they realised that…we were making a noise but people were drawn to that noise, to come and join them, and they also start to come and see what's happening and realise "this is more than just making a noise and making music".
B	I think they also experienced the difference in the people that attended sessions…
A	Yes!
B	…experienced how they were before and how they were after and how the whole noise-making affected the environment and how they were pleasantly surprised by how they were feeling afterwards too.
A	Yes!
I	Would you say, then, that it was the music that, that drew the people in?
B	Uhm…W…Not at first, because at first there weren't any music, that was the difficult part of the whole thing, is to get the patients to come.How do you explain "Listen, were going to…" Do you say "We're going to have a therapeutic session"?Or "We're just gonna make some music"?Or…"We're gonna beat the drum" or… why?And that why you're going to that, I think that was the difficult part.
I	So, as… as a new student working there, that was one of your difficulties.
A	Yes.
I	What was some of your other needs…in working at this placement?
B	(Silence) (Mmm)…
I	Your own needs, as a student.
B	Well, I think, for me, because I was mostly in the open group sessions, the facilitator, I wondered a lot what my role is.Am I just there to make music or am I actually…do I have a clinical intention of being there?What is it? How can I establish that? How can I…uhm…be a therapist in that situation?Or am I just someone that owned a few drums and I can come and play with people?I give them an experience. Is that my only role?
I	(Mmm).
B	So I think that was what we wondered about…

A	And also, I think, as you said, uhm, wondering around the fact that were we music therapy students or were we just musicians…there giving the experience?
B	Ja.
A	And was there actually a therapeutic thing going on?
B	But I think the people that attended the clinic also wondered what we actually were. (laugh)I think they saw as musicians…
A	Musicians…ja.
I	And, so, would you say that this was one of your main struggles working here? Or, not struggle, uhm…almost something you had to work out for yourself, uhm, about what your role there is and how you should think about it?
A	I think it was a process for both of us, for everyone who worked there, uhm...From the beginning, since, like, to realise what you actually were doing there.But, uhm, ja, I don't know if they even now know…
B	(Starts to laugh while A is talking) I was gonna say, did you ever come to a conclusion?
A	No, no conclusion.
I	Now, if you think about this, would you say that that this experience at the, at the community placement was different than your experience at other placements?
A	(Mmm), for sure.
I	And how would you say it differed?
A	I think at other placements they know you're coming. They are more used to, since, like, for Weskoppies, they know we're music therapy students, they know we take clients, they know they don't disturb us.They know almost the whole process about music therapy.
I	(Mmm)?
A	Like, the setting up process.But, at the, at X, they didn't know anything about us or how we work.I mean, it took us a while to let them understand we're only taking a few groups and this is what our…routine will be for the day and warra warra warra.
I	So, uhm, would you say that that has something to do with the boundaries of the session?And how was that something that was 'n problem for the placement as opposed to something that you were thinking about?Differently from at other placements?
B	Uhm, at first, no, because I really thought when we were first talking with J and we were trying to find a way of starting it, I was really intent of…on getting a place where we can have closed groups…
I	Like a physical..?
B	…like a physical boundary.
I	(Mmm)?
B	That we can have that. Uhm, otherwise I didn't see it working.But as soon, like the more we talked about it, the more we actually worked there, you understand that it is not actually going to work that way. And I don't know if it is a cultural thing, but, I don't know, in this community placement, and even in Weskoppies, you get people that just don't regard the physical space, because…that is definitely a cultural thing.
I	(Mmm)?
B	I think it's an African….whatever. They don't… I don't know if they don't like being in an enclosed space, because that means, you know, giggle, something bad's happening or…(giggle)I don't know, it's just my own opinion.But, uhm, even doing music sessions under a tree, I still had a need for a space, and even though just putting the blankets in a circle, that actually made, made it better.
B	It helped me settle in a bit.And I think we needed to do that before, because we've never done it……in another way.

I	Uhm, would you say that now that you say "you've never done it in another way", uhm, do you think that, can you tell me that… Let me rephrase.Uhm, how did what you know about Community Music Therapy influence your way of thinking here? Did it?
B	Uhm, we…as we started reading, I think, about other people's experiences, oversees people, whatever, and we could actually identify with them in their writings or in their experiences that, Oh ja, they actually also, they don't have a room where they work in, they have everyone, everyone's welcome.
B	It's not a…like that, uhm, what's his name? Aas… Aasgard…(giggle)…in Norway
B	That he works in a hospital, that he just goes from floor to floor and plays his little…recorder, or whatever he plays. And people just follow him, and people just…that's how he gets his groups and then he just does a group like that. And I think reading from that, kindof, gave me a better idea of "OK, we can actually do this here as well", because we need to.And that, I mean, from his expective was Community Music Therapy from how he understood it.And I think that is how I started understanding it as well.
I	(Mmm).
A	Ja, for me as well.In the beginning, as I didn't even know about Community Music Therapy, I didn't thought about it, but as soon as we started reading about it and speaking about it in class, it made a lot more sense working in that community or in that placement.When realising that, to have music outside, is also music therapy.And to realise how the community is affected by the music.I didn't thought about it before I know about Community…Community Music Therapy.
B	But I think it is in the way that we were taught...I mean if we even didn't know that Community Music Therapy is, that there is something like that, that it's just the way we were taught in our first year: "Listen, this is how you do it: you do it in a little space, you have one person as your client, that sometimes you have a group.
B	But you have an enclosed group, it's not a…But actually, music therapy is Community Music Therapy, because you can't enclose music.I think that's how we were taught and that's why the framework that we went into here was not Community Music Therapy, because we were taught that way.Music, what do you call it?, per…
A	Ripple. Permeable.
B	It permeates. (Giggle) It's permeable. And I also think… (silence) Wat wou ek nou gese het?
A	Ja, the, as you said, the way we were taught was conventional, or the consensus model.Uhm, but it, we knew about… we didn't knew about community as music therapy or working with the community.We were more encouraged to work with the individual.Ja, you were encouraged to speak to the staff and the nurses about your clients, but it wasn't said: work with the community…at first.I think it was, if we knew that from the beginning, this placement would be…
B	Totally different…
A	…much more easier to work with and to start, to set up.
I	But, uhm, if you were to do it over again… had a chance to do this work at this placement again, what would you change?
B	Well, at first, I think our, our framework is broader.Ja, we're not set on finding a physical space so much anymore…
A	Uhm, I think we might not even had a physical or a boardroom sessions.
B	Ja, it's also because it's such a short term placement.If it was for a long…longer term, then I think we would have actually moved into a more individual base……client group instead of using everyone.I mean, keep that, but through that, I mean, we formed quite nice relationships with some of the people.
A	(Mmm).

B	And we had some regular clients…and that, uhm, that, I mean, that can continue into…develop into an individual relationship.
A	Ja. We'd actually do the process the same, but in reverse gear.From open group to closed group.
B	So I think our thinking would have just been different.
I	And specifically with regards to the physical space…and the size of the groups?
B	And also perhaps talking to the…negotiating it.I mean, now we understand a little bit more of what they don't understand. (giggle)We understand their routine a little bit better…as well.
I	So it has to do with how they, the people at the…at the clinic also see music?
B	Ja, and also how they, their day to day routine…I think we also didn't really…I mean, we did, we did after breakfast sessions which we actually supposed, maybe we could have done it before breakfast, or you know like, we knew a little bit how their their timetable worked, I think that was also…
I	Just by getting to know…
B	Ja, just know the community placement a bit better.
I	And then…could you tell me about the…low point of your work at the placement?
A	I think for me…in the beginning the setup. To really get everybody understand and to get or…to be organized, because I liked organized ways.But also the cultural difference, to realise that even though you are white and a little blonde girl, you can still make music with people that's black, from another culture and tradition. So, in the beginning it was very difficult for me to realise that it is OK to dance and to play with people…Not "OK", but in a way you can do it… I didn't had any self-confidence.By dancing and jumping up and down and singing with these people and play music with them, but in the end it became my high point: to realise that even though I'm white and they are black, and even though I'm more Western and they're African, we could all make music and it was, it was not who you are, but it was in, or, everything was in the music.
I	(Mmm). (Looking towards B
B	I think my low point was…frustration that I didn't know what I was doing there most of the time. (Giggle) And, uhm, that I wasn't, that I didn't understand the music that we made and I didn't understand how to…intervene or how to…be a therapist or…"what must I do now?"I was lost quite a few times. (laugh) And I think that was…ja, that was probably the……the lowest.
I	And your high point?
B	Uhm, high points are many. Just, like little moments that I can remember that happened in…in all of our sessions that we had.Like just individual people and how I saw them in relation to the group and, well, just how they…how they changed their…their whole demeanour from before the session…and to after the session…and how they were just so different. And I'm just thinking of that lady that danced that last session we had and how her face was just, her whole body, like, was so sick and tired…and it was really sad to see her, but how she moved to the music totally transformed her into a different world and I think I'll always…that will always, the image will always remain with me
I	(Mmm)… So…
B	And also just, making music with people is so much fun!Just going outside and seeing how people are drawn to it…And then a low point: of how they're not drawn to it.(everyone laughs)
A	And then also, another high point for me was maybe, in the closed sessions when they had time for reflections, or comments that they did afterwards that I could, I didn't thought that people were able to say that… "We are like family" and "The music is my comforter" Ja, I think the comments they made afterwards.
B	From being together in a room for like, 30 minutes…
A	Yes.
B	…they could say something like that.

A	And then you also feel like, "OK, you have done something that made this happen"
I	(Mmm).
A	There was a goal afterwards, or a…a purpose for the session.
I	(Mmm).Uhm, what would you say…did you learn about music therapy while working at this placement?
A	(Silence and some giggles.) Uhm, I think just to know that…what we've learned last year is not the only thing. There's so much more about music therapy one can adapt or apply to a session. Uhm, and that music therapy can…it's not only working in, within a, well, especially with the space, that it's not only working within this physical boundary, boundaries of closed group, uhm, but working with the community and affect everyone, even though they are not in the session as well, but you are affecting the whole community.
I	(Mmm). Thank you. And you? (directing her attention towards B)
B	Giggles. Uhm…also, ja, I think you just n…I think our way of thinking, or my way of thinking about music therapy also expanded and actually, uhm…you know I think I've found a reason why I am music therapy and I think this is why.Because of this
A	(Mmm).
B	It depends on the place where you work, that's how you will work, that's how you will think. So if I think I'm going to work in a hospital one day, with a…in a private hospital, perhaps with a specific room allocated me, you know, my thinking would be different…
I	(Mmm)?
B	Versus 'n place where I will go work as a NGO, somewhere in a rural village or whatever…
I	(Mmm).
B	It will be totally different.
I	(Mmm)…
B	And I know that, because I have these different frameworks in music th…music therapy *can* actually reach all of them.
A	(Mmm). Ja.
B	It can reach the private person, and it can reach the community.
I	(Mmm).
A	The individual and the group.
I	(Mmm). And uhm, you mentioned now something about your own way of thinking, of changing. What would you say you learned about yourself by working at this placement?
B	I'm quite loud…? (Laughing) I need to learn more African songs… (giggling some more)
A	(Mmm). Ja.
B	I need to expand my musical base, or my…
A	Ja…
B	...interest in music need to go a little bit further than what I'm used to. Uhm…what did I learn about myself? I think that I just learned that I enjoy this kind of setting…
I	(Mmm)…
B	…more than a private room in some private hospital.
I	(Mmm). And why, would you say, is that?
B	I think it's the kind of person that I am.I like being around people.I like, uhm, I like making music…with other people.And I like handing the music over to them…(Laughing)…and watching…observing.Uhm, I don't know, I'll think about it some more.
I	(Mmm). And you, A?

A	
	I think especially, ag, definitely, that expanding my African music, because that's what you were supposed to connect with…with people and I sometimes felt that I did not connect well enough with them through the music. Uhm, and then also, uhm, the fact that uhm, I like structure and boundaries. That I liked the boardroom sessions a lot, but also that if, if I have to, I will, I can do a, I think, an open session which there is no physical boundaries and, uhm, ja, definite roles and things like that.
	So ja, I think, and also within the physical boundaries or within the boardroom sessions, I realised that even though I, uhm, I've been thinking more in a conventional musical…music therapy framework, I still did Community Music Therapy and I was able to be a participant role in the session and not, not only take the lead. That I could, like you said, give it over to the group and still facilitate it, but not lead the session.
I	(Mmm).
B	Ja, that you don't always have to be the *leader*… Ja… …you could just…be the…
A	And it's OK *not* to be the leader.
B	You, what? What does that woman say? "From intervention to collaboration." (Laughing about the formal voice in which B spoke)
I	OK, uhm, so…just to wrap it all up: Uhm, if you could add anything about your experience, uhm, about setting up and negotiating and establishing and working at this placement, is there anything you would want to add about it?
A	I would like to say that…if I was our lecturers, I would add the Community Music Therapy module last year…
I	(Mmm).
A	…to have a better background to start with it… Start with it in this year with knowing about Community Music Therapy and…
B	(Mmm).
A	…just to make it easier. I know it's a whole process of doing it, but I thought, I think it will be better to do it.
B	I think it…for South Africa…that is very necessary…
A	Ja, almost to start your…
B	…because I mean that is the way we have to, kind of, work here.
A	Ja.
B	Even last year, you had sessions that were interrupted or that were…not always in a closed space, but uhm…I mean, I conducted a session outside in a hall for like, my first session.(Laugh)So like, you know, if you knew like, from the start, you wouldn't be so afraid, or so anxious about what are you supposed to be doing there, because you actually know it's fine, that you can.I mean, I conducted a session outside in a hall for like, my first session.(Laugh)So like, you know, if you knew like, from the start, you wouldn't be so afraid, or so anxious about what are you supposed to be doing there, because you actually know it's fine, that you can.
A	Ja.
I	So you would suggest, uhm, keeping the Community Music Therapy…uhm…part of the course and moving the theoretical background…
A	Earlier.
I	…earlier, before for you start with your…
A	Ja, ja.
A	And even, almost, from the beginning of the first year, I would say.
B	Ja.
A	Because, as you said, South Africa is more about Community Music Therapy than any, any other module…model.
B	I think, also, it would have helped us a bit better to understand the placement that we were
A	Yes, and to set up.

B	Ja, and I think, that's something that I would add, is about the placement. Like, the process that the staff members went through…
A	(Mmm)…
B	..with us, from the beginning, from that horrible meeting with J to him actually saying "It is amazing", you know "this, actually, my understanding has changed".
A	(Mmm).
B	And G and H being so open to us as well.
A	(Mmm). I think their process was just as, just as…much? (laugh)
I	Can you tell me a little bit more about their process, if you would have to…
B	But in the beginning, how he was so set against just making music with people, or even though he didn't, he did understand our way of thinking and our therapeutic, you know, the therapeutic meanings of music. He understood it as… "OK, we're going to start a band" and you know, the choir, and…
A	That we were going to teach people *skills*.
B	You know, "there is going to be skills". (Laugh) "We're going to teach them how to plant a vegetable through music" Uhm…
A	(Laugh)
B	Uhm…(laugh) So, and then from, from that and for that first sessions that he attended, just the things that he was saying about it, uhm, that, you know, that he's really…that he really could see people's faces change…
A	(Mmm).
B	…and uhm, even his own thinking of music has changed and…you know, he actually showed a big interest in what we were doing in the end, even though he was so…totally against us…
I	(Mmm).
A	Yes, and his interest wasn't about the skills they've learned, but the experience they had…
B	Ja.
A	…and the experience I think *he* had, sitting in some of the sessions and seeing people, and realising…
B	Ja, I remember that one session we had, our first session outside, when we had that group of women singing, and he came afterwards, he actually was standing, you know, watching us, and he still said ja, "The psychiatric asylum is that way".
A	Ja.
B	..and the he started, he was actually just joking and then he just started on how wonderful this was to experience this, and this singing and this connectedness that *he* felt, even as a bystander.
A	Yes. (Mmm).
B	Uhm, I mean, that was, what was quite…uhm… I mean for him it was quite…cool. He became different… more open-minded.
A	Yes, and regarding G and H, I don't think in the beginning they was…they knew what is going to happen…at all. I don't even know if they know, or knew, what J wanted…
B	(Mmm).
A	…but I think they grew into the fact that we were there, guiding them what we want to do, and they just fall in and say yes or no, it's possible or not..
B	(Mmm). …and I think in the end, I mean, in that last session with G just want us to go on and on and on… (Mmm)…
A	…and keep the people busy while waiting for the food, I think just…for them to see that there was actually interaction and, uhm, it's kindof a…connectedness between the people and between them and the staff and the patients and everybody there. I think it was just…wonderful.
B	And I think for them, as foreigners, they've learned something about the people that they work with.
A	Yes. Ja.
B	And how they do actually connect to music and how it forms part of who *they* are.

A	And experience a different part, or a different way of that people being in the world with each other. (Laughing) No, but really! (Laughing some more) They experienced…when they arrived here they experienced these people as sick, not interacting with each other, not at all, and now they totally different way of interaction between them and different way of being.
B	And I mean, they don't have that in their own country.
A	No. And I mean that's…maybe not the fact…the (sigh) the memories they will have of South Africa when they leave here.
B	(Mmm).
A	It's not only… It will be different than the memories they had in the beginning.
B	Ja.
I	(Short silence) Anything else you would like to add? (Silence) Thank you.

INTERVIEW 2 (Placement Y)

	Sentence
I	Well, I think we should just get started by you telling me more about your experience of setting up a community placement at Y.(Few moments of silence)
C	Do you want us to talk about, like, from the start?
I	You can just talk about your whole experience of it, some things you think are noteworthy…anything that you think important.
C	Uhm…well…I spoke to a friend of mine about…uhm…T, it's an organisation that works at places like street shelters and with street children and that sort of thing.She was working for them at the time.And…uhm…she mentioned that their organisation was involved in Y.Uhm, and we then set up a meeting with the T representative, who was actually involved at Y, his name is V.And we had a meeting with him last year already…? (looking at D)
D	(Mmm). Ja.
C	Ja, end of last year uhm…just to kind of discuss the shelter, what kind of boys were living there, that sort of thing and…
D	…what their needs were.
C	Ja. What their needs were. What other kind of programmes they've been running at the shelter…that sort of thingUhm, and we also just then spoke a little bit about music therapy; what we thought it could offer.We…uhm…and then spoke about more details, like when we would start and that sort of thing.
I	(Mmm).
C	And then one or two e-mails in, like after that.Uhm, and then we started there…the first week of February, I think? (looking at D)
D	Ja.
C	Yes, pretty much that was our only contact session with someone.
I	And, uhm, when you spoke to them about what you were going to offer at the placement, what types of things did you tell them?
	(Silence and some nervous laughter)
D	Well, we spoke just about the active music-making.We spoke about…uhm… I think we spoke about the assessment, and how we go about and the goals that we set and they of…they spoke to us more about group work.Because they felt that individually, it would be a trust…you know it would be perhaps difficult for…
C	Because we were for just a short…
D	…Short time.
C	Kindof relatively short term.
D	If we did have individual clients, by the time that we'd formed a trusting relationship, our process would probably be towards an end.Uhm…because we were there for so short, so we spoke about group work, what group work offers, how it work in terms of…we didn't get referrals or anything like that.
I	(Mmm).
C	We, uhm, they asked if we could see groups, so that as many of the boys as possible could participate.So, anyway, then we ended up having three different groups with all of…that catered for all the…
D	…age groups.
C	Age groups. There were three groups.
I	Were these the only three groups that you had?
D	Ja, we had a toddler group, or…it was really from, from three until eight.
I	(Mmm)
D	Uhm, and then we had from eleven…hey? (looking at C)
C	Ten.
D	Ten till fourteen and then fifteen to eighteen.

C	But the two older groups were very…much semi-open groups, so uhm…there was quite a ??? boundaries with regards to those groups and some of the older boys were sometimes in the younger sessions and the younger boys in the older sessions and…
D	(Mmm).
C	Ja.
D	And we sometimes had boys from the outside that weren't in the shelter.We weren't always sure what their place was, but they also attended group sessions…
C	Ja and we also had, on one or two occasions big groups sessions with everybody, so more…between 20 and 30 kids.
D	(Mmm)… all in one group, ja.
I	(Mmm). OK. And uhm, were there, was it only the boys who attended or were there some of the staff members that also attended?
D	Well, most of the sessions it was just the boys, uhm…we did invite, you know, we had had one careworker or …not supervisor…guardian…like a guardian that lives there and his wife and…but other than that there aren't really other careworkers or any supervisors or anything. So, there was one session…hey? One session? (Looking at C)
C	Ja.
D	One session where we had involvement from them, but other than that, no.
I	OK. And then…how do you think these people…uhm, the boys and the guardians, experienced this process of setting up the music therapy programme?
C	Of setting it up or *of the process*?
I	The whole process.
C	They weren't really involved in the setting up as much, because we had worked through T.
I	(Mmm).
C	Uhm…and when we got there we kindof discussed with the head of the shelter, this guardian-person, like, uhm…what we were hoping to do and that sort of thing. Uhm, but at the beginning he wasn't really very interested, in what we were about…
D	(Mmm).
C	But I think throughout the process that changed phenomenonaly…
D	(Mmm). (Mmm).
C	…like that whole attitude changed.
I	Could you tell me a little bit more about that?
D	Well, I think he just started to just show more involvement, meaning, he came more to…to look. That was his first…he looked, he observed and after that he started to ask about reports, and what have we noticed, and then once or twice towards, it was really more the end, he would ask about certain individuals and we would comment quite often to him openly, without him sortof asking about it: we've seen this individual, he was quite shy in the beginning and…
C	(Mmm)…
D	…look what's happened and he would then comment on…you know…
I	(Mmm).
C	That he has noticed the same thing. Ja.
D	He's also noticed the same and so we wrote a report as well at the end, just a global report, uhm, and then I think, ja, the performance obviously was where they were really involved.
I	(Mmm).
D	And, uhm… the two sessions…or sessions beforehand, before the performance, he was quite involved in wanting to know "what are we going to do?" and how long is it going to be and where and what can he do. So I think the picture of the performance also grew along with the process, they didn't…we mentioned that we were going to have a performance and it sortof just lay dormant for quite a while…

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I	(Mmm).
D	And I think it sparked towards the end, so he became more involved that way, and he wanted the choir to participate and…
C	And ja, I mean, he also ended up participating in the concert without having said that he would…
D	(Mmm).
C	He kindof just spontaneously participated, so…
D	And they did the welcome, and the thank yous at the end so…
C	Yeah.
I	I think we'll get back to the performance a little bit later on, if you don't mind, then we can just go from there…Uhm, as students working at this placement, what were some of your own needs?Uhm, going in there and setting up this new placement.And do you think there were ways that they were met.
D	I think one of our needs was just space. My first idea was a need of…
C	…just normal…
D	…space you, besides uhm…and I think it was…I don't think it was difficult, we made do with what we had, but uhm…that could form part of involving anyone. But I think that was one of our first basic needs, was space.
I	(Mmm).
D	Uhm, it was met, in a way, because that was all we had. So we had to make do with what we had.
C	(laughing)
I	Ja.
D	…but we did then, towards the end, go outside and things like that.
C	Uhm…I think, like, at the beginning we…uh…in a way we sortof struggled to know where we fitted in…at the shelter…like in their day-to-day running…
I	(Mmm).
C	…of the place.
I	(Mmm)?
C	And because, like every week we went there it was a, almost like a completely different situation, you could never expect the same thing from week to week, even though we were working with the same children.
I	(Mmm).
C	…from week to week, or usually, the same…or core, you know like, core members. Uhm…and that, but I think like once, ja, once we sortof, or maybe this is just me, but once I stopped trying to focus on that…
D	Ja. Ja.
C	…and to fit in on…whatever…
I	(Mmm).
C	Like, that's when we really started, I think to integrate *and* I think, in retrospect, that that issue was an issue of trust…
D	Yes.
C	…between us and the boys, because they've obviously had a lot of adults in their life that disappointed them…
I	(Mmm).
C	…and that they haven't trusted, so trust is a…a *huge* thing, like I, I didn't realise how big a thing it would be for them…
D	(Mmm). Ja.
C	And it took, I mean, a good four, five weeks just to even let down their barriers.
D	(Mmm).
C	…in a way, so…
I	(Mmm). Uhm…
I	Did what you know about Community Music Therapy influence how you thought about your work at this placement? (Silence) And how?
C	Not at the beginning.
D	Not at the beginning.

	(Laugh)
C	No.
D	We didn't really *know* much about it.
I	Yes?
D	But I think what for me was interesting, is that my mindset already knowing that it was a different culture group…
C	(Mmm)…
D	…went in with a case of: "I need to find out what *their* music is". I just had this whole different approach and I think that fitted in, you know…
C	(Mmm)…
D	…looking back, towards maybe Community Music Therapy, and you didn't come in with all these…*ideas* …and it all came from them…although it was very therapist-driven, it all came from them.I think towards the end, obviously, more Community Music Therapy ideas helped, but in the beginning…not for me.
C	But I think, also, uhm…like, I don't even know if there would, if there's a difference between conventional or community sortof… at a place like that.
I	(Mmm).
C	Because you, uhm…you have to be more…like your boundaries in your sessions, like, you don't have a choice, they are just more fluid, because of the setting.
I	(Mmm).
C	So, in a way, I don't know how you would have very strict boundaries to sessions.
D	(Mmm).
C	…at a place like that. Ja, so…
I	Uhm, were there, you referred to some *ideas* from Community Music Therapy. Would you say there were a few things about Community Music Therapy that you had a feeling of "This is something I could work with here"?
D	Uhm… not like particularly.It wasn't just one specific thing that I could think of.I think for me, uhm…it was hard in terms of boundaries, as C said.I don't think that to me felt very Community Music Therapy.It wasn't as if we made open space music with everyone from outside involved.So, I felt there it was a little bit "conventional".But something like, just the way that they started writing about performance.Or started writing about…I think that made me think differently.
I	(Mmm)…
D	And sessions where we didn't have "sessions", and we started just practising for the performance, and realising that had value, without thinking of a hello greet, or a start and an end…
I	(Mmm)…
D	And having open sessions where we just…
C	(Mmm)…
D	…"well this is the context of the work we're in" and we *were supervised,* we were supposed to have three groups, there weren't enough children, so we combined the group. And just thinking about it differently.
I	(Mmm).
D	But I don't know if I specifically drew on elements, it just happened. I think looking back, ja.
I	Uhm, then, I think I just want to ask you if you learnt anything about music therapy while working here?
C	Uhm, I think the biggest, ag, or, ja, maybe the biggest thing for me, is just how adaptable it is. Like, it doesn't…seem to matter what context you're in.
I	Ja.
C	It, it's…you kindof, you adapt your practice and you still are able to work, I think, in a really powerful way.Uhm, and I'm not sure that another therapy or another…I don't know, sortof less creative way maybe, would have tapped into the boys'…as much as…like, how we worked, did, you know?
I	(Mmm). Ja.

C	I mean, I think, (Mmm)…I think it offered something completely unique…uhm, ja for them and for their situation, for their context, for their age, the different age groups. Uhm, and really drawing them out of themselves, uhm…ja. And just, I think…ja…that's music therapy's uniqueness…
I	(Mmm).
C	…in a way. That adaptability.
I	You speak now about "drawing them out" and all kinds of things that you experienced from the boys' side. Uhm, in general, what would you say was your high point of working at this placement?
D	(After a short silence) I think for me, one of the…ag, I think that there were, for me, a few high points…
C	Ja, quite a, quite a…(laughing)
D	So, OK. But something that stands out, uhm…is noticing…you know, when we first got there and we established who we were and who they were, got the sense of: "There's a few individuals here, in a group setting", but there was no sense of, they didn't even know what language he spoke.
C	(Mmm).
D	So, if you asked, needed a translation, or…there was no, no sense of knowing who each other was and towards the end, I got this great sense of connectedness.
C	(Mmm).
D	And, I think, through that…individuals and their personality became *so* evident. I mean, in the beginning it was just…no one really showed who they were, it was just, if you asked them, they would tell you, but there was no spark, no liveliness, no… And…there were certain individuals who were obviously, were quite reserved in the beginning, and towards the end…were these leaders…
C	(Mmm).
D	…and so creative and funny, you know?They would make jokes in front of the group and completely different to what they were before, and that's something to me that really stood out.And the way that…that you could see what it had done for them.And uhm…
C	Like really confidence-boosting…
D	Gee…Ja.
C	Self-esteem…
D	Yes.
C	Those sort of things is, I think, where we saw the biggest…
D	(Mmm).
C	And that was also like, it's hard to pick out the highest moment, because that was the *process.*
D	Ja.
C	So…it was…and I think…for me specifically…the…maybe one of the highest, high points was the concert…
D	The concert, yes.
C	That went really…you just…I think *that* is where it finally clicked for me, what the work had meant…
D	Yes.
I	Yes.
C	…in a way…uhm…and also our last sessions where we spoke to the boys…
D	(Mmm).
C	…that was after the concert that…where they spoke about… …what it meant to them, ja, the whole process and the concert specifically, actually.
C	Ja, (Mmm). And I think, ja, I think that was definitely a high point.
I	(Mmm). What was your thinking around organizing a performance? (Silence) What…what did you think about while you were doing it?

D	I think…well, one of my initial thoughts was just what talent we…I…we…I don't know if I assumed that there would be some "musical-ness", ability, you know…(laugh)…in them and there would be a…someone who liked to write, someone who liked to be a drama…we…I don't know…and to just see what would come out from the group. And to encourage them to be creative and to find talent within themselves, sortof.That was our…and we wanted to…our initial thought was to perhaps do something like a…A Capella group.And, in a way, give them a skill by going through a process of practising…
C	Ja.
D	…and teaching.And when we had auditions (looks at C and laughs)…we realised it was probably not going to work.So…but the idea was still similar, in terms of still giving them that creativity or whatever, but a lot more came from them.We didn't teach them anything.
C	(Mmm).
D	Uhm…they brought ideas themselves. That was our initial thinking.
C	(Mmm). Uhm… And I think like…as sortof…as we also went through the process of working there our ideas about kindof…I wouldn't say they changed, but they maybe also just…
D	…moulded.
C	Ja…or became more defined, in a way. Uhm, and I think, like, closer to the time, because the concert was right at the end of our work, closer to the time we…I think we started to realise, like, it was a space for them to really showcase themselves…within their community, because, and we decided to have the concert outside, uhm…and because of the…sortof the…geographical layout of the place, it just…it worked out that, like, loads of people from the community could come actually see the concert and…

I	(Mmm).

C	…that's exactly what happened.
D	(Mmm). The onlookers and the people walking by.
C	Yes.
D	And I think so many of the boys spoke about, like, what they could, not…I don't think *give back,* but that they would be seen, you know.
C	(Mmm).
D	…and just the fact that the community saw them, I think that also…
C	(…that they have lives as well???) you know, not…
D	…made me realise… …these little shelter boys or…
C	…little shelter boys, who…you know…don't have anything, really. And they were, kindof, providing entertainment, and they were kindof, ja…they were just shining.
D	Ja. (Mmm).

I	(Mmm). Uhm, could you tell me maybe a little bit about maybe some of your lower points that you experienced at this placement? I can see that it was something positive for you, but I'm sure there were some troubles as well…

D	(Mmm). (Silence)
C	Like, I, I had a…the middle group. The ten to fourteen, fifteen year olds, uhm…and I think it was…they were quite a tricky age to with. I think generally that age group of kids is probably dif…they are at a difficult stage anyway.Uhm…and they were…it was just…it was difficult to kindof really figure out where to meet them…uhm…and that…I won't say it was a low point…it was maybe…it was more difficult for me.Uhm…in…ja, just trying to understand how exactly to work with them.

I	(Mmm).
D	Uhm…ja, it's hard actually to think of a *low* point. I think…I think one of the lowest moments for me was…you know, towards the middle of our work, perhaps, with my group specifically, the older boys…was realising what music therapy meant to them or what that space meant for them and trying to tell them "No, it was going to be over".

C	(Mmm).
D	…and although that's part of the process, I think because it…because *they* invested so much time and energy and everything of *themselves…*
C	Ja…
D	…into it and I think it really meant something for them, the fact that is was going to be finished, I think…it was a low point for me.
I	(Mmm)?
D	Just knowing that it had to end.
C	Uhm, ja, especially because they did trust…
D	Yes.
C	They did do all of those things…uhm…it was also for me quite hard.
D	(Mmm).
I	(Mmm)…Now if you were to, either go back and change something about the work, or were able to continue working there, what are some of the things that you would think about?
	(Silence)
D	I still wonder, perhaps, of doing more…if I had to go back?
I	(Mmm).
D	Maybe doing a lot more open…groups. Uhm…I think in the process, even though I did think about it, I perhaps didn't see it in the same way, looking back on it now.
C	(Mmm).
D	But, maybe just one or two more, you know, and I think just for them to do something as a…as a shelter. As that…you know…that their…you know as their home, you know, to do something together…from young…uhm…I think it was… I still like the fact that we worked in groups, but I think now that they…we worked on sortof different goals with each group, and now they've all formed…
C	(Mmm). I think…I think in a way how we started working…we almost needed to start there. Uhm, but I think like, had we continued working there, even for another month or two, like not even necessarily for a year or…
D	Ja.
C	…something, we would have maybe then started to integrate co…or like, more open groups…
D	Yes.
C	…maybe outside. Get people…get more people in from the streets…
D	(Mmm).
C	…of the community, that sort of thing…the surrounding community.
D	(Mmm).
C	But in a way, I think if we'd *started* there, I don't think…
D	…we wouldn't have had the same process.
C	…we wouldn't have had the same process, because we almost…ja, we needed to establish those trust…
D	(Mmm)
I	…trust relationships…
C	…trust relationships first,
D	…and I think they've never had…they've only had people, it seems like…coming in for, like, a day….
I	(Mmm).
D	…doing a art or…workshop or something with them for a day and then they leave. So, they don't have something where it's long term. They move their…from schools, it seems, quite often.
C	(Mmm).
D	So they don't even have a security in knowing that they have the same school for the year.
I	(Mmm).

D	So I think, for them…just for us to have said, just to reassure them that 'we will be here", I think, yes, and because they then started becoming more creative and realising their own potential, I think *then* it went to carry on doing things with the greater community.
C	(Mmm). (Mmm).
D	I think that would have just served such a great purpose.
I	Do you think you would…uhm…have kept the…the smaller groups as you've added bigger groups and more open groups as well?
D	(Mmm).
C	
D	Possibly.
C	I think that we've had enough…extend our working hours there, you also, you know, in that way still see the boys, just "the boys" and then also have groups outside of the shelter.
D	But one thing that was quite strange though, is I wonder how much *they* would have allowed it…
I	(Mmm)?
D	Uhm…the older boys specifically, became quite…possessive? Or not, uhm…"this is their time", so we would…Carol would have her group and then it would be the older boys and…and…we *never* minded if there were other people, we would just start.
C	(Mmm).
D	…and they would walk in and say: "Out. It's our time." And it's not "Out", because it's their sitting room, but that space that we had made, they wanted for themselves.
I	(Mmm).
D	And when we *did* have open groups, we had to explain that "Be free, we're going to combine this…we're both together and that…", you could see at first that, I don't know, I felt a bit of "Why?", you know.
C	(Laughing) Ja.
D	And then it was fine, the sessions continued…
C	(Mmm).
D	…and that's why I think it would be nice to do it, but I just wonder what *their* perception would have been of knowing, I think they really took ownership of the group session, so…
I	(Mmm). It's something that comes up quite a lot, is the word "space". And, uhm, I remember when I talked to some of the other people as well, and…how did you…your thinking around space made a change while working here, at this placement? (Silence)Do you think it was different from other placements?(Silence. Someone sighs)
C	I don't really know.
D	I don't think it was different… or (Silence)
C	I, I, I don't know, I didn't…uhm maybe in the process that we were in it was fine… I think it was literally, there was only that space where we could do sessions.
I	Ja.
C	It's not like we had another choice of another room or whatever…
I	(Mmm).
C	It was literally only there….uhm…
I	Just working with what you have…
C	Ja.
D	We adapted.
C	You kindof just had to adapt.
D	Ja.
C	And in a way…I think…I don't know, maybe because we were in the situation, it didn't even really feel like an adaptation.

I	(Mmm).
D	No.
C	You know what I mean? It was just…"Oh, this is where we're going to work"
D	…where we're going to work. So…yes.
C	Ja. There was only like…I remember like the first time that I actually though "Oh, OK, this *is* maybe not such a conventional space" was when I…in a *supervision* session, someone asked "Who are those people that are wandering around?" Ja…I hadn't even really noticed…
D	Ja…wasn't it in class?
C	Ja, it was in class.
I	(Laugh)
C	And basically, you are so used to people walking in and out of the room…
I	(Mmm)…
C	Like because it's their sitting room, that is where, you know, they…it's their only…
D	(Mmm)…
C	…only communal space for them at the shelter. They can't hang out in their bedrooms or whatever.
I	(Mmm).
D	And I wonder how much just knowing that there wasn't a door, wasn't it…it wasn't a *mental* shift that we had to make…
C	(Mmm).
D	…but I couldn't close the door.
C	(Mmm).
D	So…I didn't close the door. So that was the space.
I	Ja. (giggle)
D	Whereas, at Weskoppies, for example, I *can* close the door, so if someone opens the door, I perhaps think "Oh! No. Music space". But there…
I	(Mmm).
C	And also because it's like…it's quite a small place, the…I mean the people that aren't even in the room would have been part of the process in that they…
D	…in that they could hear it. Yes.
C	Ja… So… (Mmm).
DI	
I	Just on that note as well, do you…if you have to compare your work at this placement with work at other placements, what are some of the differences and some of the similarities, would you say? (Silence) It's a bit…a bit broad, but if you were to think…
C	I think that maybe the difference, uhm…sortof musically, we had to be on our toes, because uhm…they…they obviously connect quite a bit with music. Uhm…and…how…they didn't have a pathology, so they weren't…
D	High-functioning…
C	So they were…ja…they were very high-functioning, normal…normal! (laughs) I mean they obviously had like the emotional, emotional and social side of things, but as far as like, you know, they didn't have autism, or, you know, something like that.
I	(Mmm).
C	So, uhm…really just making the music age-appropriate and their…you know, because their…it had to appeal to…
D	…appeal to…
C	…appeal to them, ja.
D	And in a way make it exciting for them. You know, you can't just, I think we have realised that so much more, that we had to be alert and things, and I think one thing that I also noticed was it's quite hard to pick up on everything that happens.
C	(Mmm).

D	You're so busy sometimes focusing on something here and actually you could be looking…you know what I mean? To really just forget about what you have to do or what you think you should be doing, and to just watch…they'll give you things and you just…I think that, to me, was more…was one of the biggest shifts, you know? They're so giving and so…awake and so…and I think that's different to the placements we've been at.
I	(Mmm).
D	So, that effected the way we had to think and be and…
I	(Mmm).
C	Ja, but similar…(silence)…uhm…I don't want to say "problems", but like similar…sortof…uhm…issues came up. So, like with group cohesion, uhm…ja…I don't know how to say what I want to say…
D	(Mmm)… (thinking)
C	Like, basically, even though they not, say, have a pathology or something like that, they, I think, they still benefited from having music therapy,
I	(Mmm)
C	…so it was maybe in different areas, but there were definitely similarities between them and some of the other populations.
I	(Mmm). Same types of things and same types of situations. And your thinking? You've learnt…you could apply this?
D	Ja, no, definitely. Ja, so I don't think the mindshift was so differ…I mean… I think there were moments…of shifting…and I think, like for me with the older boys, I mean, they're like, that they…it's quite hard being a…woman…sim…not more…slightly older than them, but technically their age, and coming in and expecting them to make music….you know what I mean?
I	(Mmm).
D	And that was, I think, nice, about just wanting them to teach me and the whole time providing opportunities for them to teach me…and that, in actual fact, we taught each other…we learned from each other…
I	Ja.
D	And I think that…that was something *different,* but yet also similar to other places, it just depends on your client group.
C	(Mmm).
D	You know, they were…able to do that. So I think their ability made it different, yet, ja, similar.
I	That's interesting. What, would you say, did you learn about *yourself* through working at this placement?
D	I learned to think on my feet... (giggle)
C	(giggle) Ja.
D	…a lot more than I've been able to and to…go with the music. And to…not be afraid of trying something, that if it doesn't work, well, try something else, you know or…ja, that's something I learned about myself.To be a lot freer with the music, and to let it go on for a little bit longer and not wanting to change it all the time.
I	And you were able to that?
D	Ja, I think that also was a process, I mean, that took me quite a while to just…(talking sternly to herself): "OK, they've now initiated something, you do not have to take control of it now!" and, I think, ja, that was definitely a process.Ja, but I think, also wanting them the whole time to do something and then I think we just found a common ground somewhere in the middle.And towards the end of the sessions how I became one of them and they led the sessions and I think that's because there was an equality, sortof, eventually established.There wasn't this teacher-group role or…
I	Ja.

D	Which I think sometimes *can* be tricky, especially with them being high-functioning or you know, they want boundaries, because they're quite boisterous or very active, but ja.
I	And you? (looking at C)
C	Uhm, I think, for me…my…what I learned was in a way, completely different and we, we actually laughed about it…
D	(Mmm).
C	Because, I think, out of the two of us, I may be the more spontaneous one, and D is the more structured one…
I	(Mmm)…
C	And D got the spontaneous group and I got the group that needed more structure.
D	(more structure)
CI	Laughing
D	
C	So, I think, for me, I just had to…uhm…in a way become comfortable with being more directive.
I	(Mmm)…
C	And that was quite difficult at times, I sometimes wanted to like "they must give me something now!" like…I'm tired of…or not *tired* of…I was just like always like giving the…
D	She did have to direct really a lot more than what I had to.
C	Really a lot!Uhm, but I think, again, it was valuable, because I had to just…ja, I had to learn to work with what was in front of me, instead of just wishing that they would be spontaneous, I had to…ja.And I think, I think, like little glimpses started to show…of spontaneity and then started to show kindof near the end of the process.I think, if we had carried on, I would have been able to be less directive and that sort of thing…so…
D	Ja.
I	That's interesting!
C	(Mmm)…very!
D	Ja, we often spoke about the differences.
C	(Mmm), ja.
I	Uhm, is there anything in the…training about Community Music Therapy that you would add? Thinking back on your work here…
C	Like, maybe do some of it during your first year.
I	(Mmm)?
C	So that…
D	Ja.
C	Uhm…like in a way it is nice doing theory as you're doing the practical…but..and I supposed I could have gone and read up about stuff if I really wanted to know and asked them.And I also didn't have this huge idea of what Community Music Therapy was before I started working.And in a way maybe that's good, because I mean, you kindof don't go in with any preconceived ideas…
I	(Mmm)…
C	But maybe, ja…
D	(Mmm).(Silence)I think it would have been helpful to maybe have had something in first year.Just to…just to…base something on…
I	(Mmm)?
C	Just to know this is what this…
D	Ja, I think, strangely enough I think the theory…I wouldn't have probably understood it unless I'd been there.
C	(Mmm).

D	You know what I mean? *But* what would have…but it's strange…I think because Community Music Therapy is not just, I don't find it a discipline on its own…uhm…some of the thinking could have actually helped some of my other work last year. Even though it wasn't "claimed" to be comm….ag…Community Music Therapy.
C	(Mmm).
I	Ja.
D	I worked in a hospital, that had mothers, nurses, whatever…and the whole time we kept talking about it, dynamics…but no one ever sparked…because it wasn't part of the syllabus…
I	(Mmm)…
D	…and I just think, perhaps then it would have really informed some of my thinking and I know that now. Then I knew noth…know better.But just to think about it in a completely different light…the whole time I presented: "Yes, but what about the nurses and the greater…", I'm going: Heh?Well, not I'm…you know that…you understand?I think especially I felt part of it…I was part of it…but I didn't really…I knew that as conventional music therapy…
I	(Mmm).
D	And actually, it's not. Well it's… You know… So…
C	Ja, I mean there isn't this…
D	It's not separate, but I think it would have informed a lot of my thinking *much* differently to what I…ja. If I could go back then it would have been a lot of things I would have done differently.
C	(Mmm). Ja.
I	That's interesting.Now, I think we've covered most of the things.Is there anything that you would like to add about your work at this placement?(silence)
D	I think it was a good experience for us to learn to negotiate something and…
C	(Mmm)
D	..I think for working, for ourselves.
C	You know, I think for post…for post-training, to kindof make the contacts and I think, uhm…ja I was…to also have the financial know-how.
D	Ja
C	We *are* hoping to do a proposal uhm…for funding for D to work their next year.
I	(Mmm).
C	So, ja, the plans are kindof there…for ongoing work there and I think also, it just confirmed that there's…ja…even within…sortof…a black culture, or whatever…that I think there still is a place for something like this.
D	(Mmm).
C	Specifically involving community, and building all of those things that are *not* really found in communities anymore. Silence
I	(Mmm). Thank you very much.
C D	Pleasure.

INTERVIEW 3 (Placement Z)

	Sentence
I	Alright, let's jump right in. Could you please tell me about your experience of setting up this community placement at Z?
F	It wasn't very difficult, actually. It was…they were quite eager to have us and I think we actually started and uhm…you actually spoke to them, so… (turning to E)
E	Ja, uhm…we actually didn't know…we knew we wanted to mentally handicapped people, but we didn't know what placements were available in Pretoria.So we went on a search on the Internet…and so on and then we found Z and I contacted them via e-mail.And uhm…they said they're quite eager.Uhm…I don't think they were a 100% sure about what music therapy was, but they had and idea, because one of the ladies working there, uhm…knows the music therapist at Q, so she had an idea of what music therapy was.We set up an interview with them, sortof just to tell them what music therapy is about and what we would be doing there.They were very eager for us, uhm…they even said we must come twice a week (laugh)(Everyone laughs)
E	It is a bit…much, uhm…but they were, they were very uhm…open and uhm…to our suggestions and eager to also help *us* when we needed help and it was quite easy to set it up at the beginning.Uhm…what we just found is, once we started, I don't know if you also…(looking at F)
F	Yes…if you're thinking about that (laugh).
E	Uhm..was…we had an issue with boundaries, sortof, uhm… It…in the beginning, you know, the people came at their set times and…you know…we had different groups, uhm…but later on, you know, they forgot when they had to come, or one or two would trickle in and they would go for their nails and so on…
F	So, it wasn't such an im…well it didn't seem like we were very…important, to put it way, you know?
I	(Mmm).
F	It didn't seem like…they took us seriously. So…
E	Because the residents enjoyed it, it wasn't like, a thing like, they *had* to be there…
F	Yes…
I	OK, so it was almost like a commitment?
FE	(Mmm).
I	Uhm…you said that you spoke to the…the staff about what you were going to do there and that they…liked your ideas. What were some of your ideas? What did you tell them? What were you going to do?
F	Actually, that was a bit…because we were a bit messed up in the beginning. We said, uhm…first of all we wanted to take some individuals…
I	(Mmm)?
F	And then (laugh)…then we wanted to take a group like we usually do in our normal placements, uhm…but then we realised, "No, we're not going to get enough of the community".
I	(Mmm).
F	So, after, I think…we didn't take any individuals, but we said in the very first meeting that we had that we would and then uhm…we spoke to them after the first week and we're like "No, listen, we're actually going to take…"
E	Groups.
F	…more groups. We started with one group, was it one or was it two? (looking at E)

E	Ja, it was the…we started with one group…they were more higher functioning members and uhm…then they wanted us to also take a staff group, so…
F	Yes…
E	…there also was a staff group and…but they referred people who were quite musical, who sung in the choir and liked music…
F	(Mmm)…
E	…so that was their idea of who would benefit from music therapy. Even though we said anybody's welcome. Then only later on, uhm…especially after we did the group supervision here, we were like…you know we wanted to include more of the community, so we asked them for a lower functioning group.They were a bit sceptic in the beginning,
F	Ja…
E	…giving us some of the members, because they thought that these members won't be able to do anything, but they were actually one of our nicest groups…and we also had an open group. But I think their idea of the open group was a bit…foggy…
F	Foggy, ja.
E	Because they thought they had to send us the same…similar people each week. We told them,you know, anybody's welcome, even the staff, so later on I think they got the idea that anybody can join…
F	(Mmm).
I	Could you tell me more about how you think…uhm…the people at the place experienced this process of setting up the placement and just you working there? Uhm, as you said now, that later on they…they changed. What do you think some of their ideas were and did your work there change it? (Silence)
F	Well, if I think about it, if I'm just…I'm just speaking about the…more heads of the…placement there, but uhm…in the beginning I think they though it was just…music, you know? That it's not music therapy…they knew it as music therapy, but didn't really know what it was about…Because I know that, on our very last day, and I actually wanted to tell you that was my high point…that I actually wanted to tell you…
I	(Mmm)?
F	But…on the very last day, we had a…a big improvisation with almost…quite a few residents that had never been for any group…
E	Ja, there were many…
F	…or anything and uhm…one of the housemothers or heads (I don't know what she actually is), she came to me and she said uhm… "Listen, can you please let this one resident play, because he never does anything and now all he wants to do is play on the drum" And he went for a few times and she actually…she got tears in her eyes and she said "He's actually doing something" and so that was, I think she actually realised then "Oh, wait", you know? "Music therapy can…actually help", but it was our very last day.
I	(Laugh) OK.
F	So…I think that's one of the things. I don't know, the residents…
E	Ja, that was also one of my…my high points, the…the last day and I think on that day there was just a sense of community because everybody is together and the staff could see them, the residents, in a different light.They could see that music therapy offered something that's valuable.I, I think earlier as well, some of the staff…because there was one staff member that came to me and she said uhm…"This music therapy is lovely", and uhm…her residents, sortof staying in her house, she's one of the housemothers, uhm… it was G, she said "G is coming out of her shell and uhm…she's really opening up and you can see her starting to blossom and" you know? This is really…from the music.
I	(Mmm).

E	It happened from the music, so I think some of the house mothers realised that the music therapy had something else to offer.So I think it started to, sortof, creep in and uhm…even at the concert, uhm…some of the staff told…well not all of them could hear, but those that could…hear (laugh)(Everyone laughs)…it was great for them to see the residents sortof doing something…successfully and having an experience of contributing and so on…
I	Can you tell me a little bit more about the concert?
F	(Says something????) (Laugh) It took a lot of preparation, but uhm…where to begin? (Everyone laughs)
E	Well, the concert was…we knew we wanted to do a concert at the fete, because from the beginning, they said they had a fete, ja…it might be a nice idea to do something there, so we thought: a concert. It was very vague, what we going to do, and only came together…
F	I actually…
E	…about a… month before the time.
F	Yes, before the concert.
E	And it was difficult to…negotiate how we were going to…do the items and to…who would con…do what and we also wanted group members to contribute, but we had to really…
F	Help?
E	…help them a lot to get ideas from them. But it sortof just fell into place, but we had to practice a lot with them, especially with the one lower functioning group….
F	Yes.
E	…because they…you know they really struggled in the beginning to remember everything. But we just, by the concert, we really felt…I think…quite comfortable with what we had and I think the residents really enjoyed it, because at the practices they always said: "Oh, I'm going to play at the fete…"
F	(Giggle)
E	"…and my parents are coming to watch and my friends…" and ja… "It's going to be so nice" so they really looked forward to it. I think some of them were a bit anxious, especially on the day…
F	(Mmm)…
E	We hoped it would go alright and so on, but they…I think they really enjoyed it.
F	(Mmm). Actually on the day of the concert, I think the…one of the nicest things that happened there was the audience actually started…joining in.
I	(Mmm)…
F	And I think that also gave the residents a sense of achievement, because they just…they seemed to just relish in the…the…you know, this attention from everyone.
I	Ja.
F	That was really lovely.
I	Uhm…so was it…was it your idea to have the concert or did it come from the staff?
F	Our idea? (Looking at E)
E	I think it was…they said they had a fete…and they…they…do stuff at the fete, but they didn't ask us to do something at the fete. So we suggested…
F	…suggested, (Mmm)…
E	…a concert, but we didn't… they sortof laid it on the table that we were going to…that there was a fete, we could maybe do something…
F	Ja.
I	And did you do all the practicing or were there some of the staff members that helped you?

F	There was only one staff member that actually helped with the open group.Uhm…and she actually took part in the concert as well.But, otherwise, with the other groups, it was just us practicing with the groups, ja.It wasn't…
E	Ja, it was just X with the open group and she gave quite a lot of suggestions as well…while we were preparing.
F	(Mmm).
E	Uhm, but she was not…overpowering…she also let residents give ideas and so on.Uhm, but the rest of the staff wasn't really involved.The one day we practiced outside, and then one or two staff members would then sortof, come and watch but they didn't become involved.
I	Could you tell me a little bit about your own needs while working at this placement?(Soft laughing)(Silence)Just…what were your needs and do you think they were met?(Silence) (More nervous laughter)
E	I think one of the needs I had was to feel that staff supported us, especially when it came to…referrals and uhm…and getting people to the groups and providing us with the space for working.And I think mostly, they did meet these needs, because they did ask us…they actually gave us three options for where we could work with the group.They made, uhm…quite good referrals, uhm…we would just have liked more background on the clients…
F	(Mmm)…
E	…because they didn't…give us a lot and we did give them sortof guidelines of what we wanted, but they really didn't know what they didn't really know what to say, because they just said everybody's mentally handicapped and it's beneficial for them to be there since a young age, so…that's basically the only information that we got…
FE	(Laughter)
E	…so a bit more information would have been nice.
F	Ja.
E	And I think also if…some of the…residents…could have…been more…committed to…
F	Ja…
E	…coming at a certain time and being there, because we had to go and look for many of the residents many times. It took us…ja…it took a long time of our work with them to go and find them and then the next group would come and…
F	Ja.
E	One or two would trickle in and some would go out. And I think at one stage uhm…what I didn't like was that staff didn't really respect our boundaries of the space…
F	I was just going to say that…
E	We had to move the one day into another room and three staff members sat in (which is fine) but they talked to one another, they conversed and *loudly* and it, sortof, took away the attention of the group members, so we really struggled to work with them. We had to go and ask them to please just leave for the sake of the…I don't think they would understand, you know, the space…
I	(Mmm)?
E	uhm…but otherwise I think the staff was very supportive.They really made nice referrals.Uhm…when we were unsure of where the people were or…what rooms we could use, they quickly sortof sort it out and when we had supervision, they uhm…or the week before they would…reminded the groups to come at their times and uhm…so on.At one stage…I don't know if you felt like that? (looking at A)It felt like we were a bit…in the way.
F	(Mmm).
I	OK?
E	I don't know where that came from…
I	But why *would* you say was that? Was it because of the space?

F	Uhm…I was thinking it's the space, because, you know, wherever we were, it just seemed like, ja, we were just *in* the way…
I	(Mmm).
F	…where they wanted to be or something. Because there was one time…one time we had to go into a little…a smaller hall just adjoining the bigger hall where we usually worked, and uhm…a resident was there, busy sorting out cutlery or something for lunch and we asked her "Please, can you just (you know) leave for the hour that we're going to be here" or whatever we were going to do then and she said no, no she had to do it, so we didn't want to disturb her, so we were like, "If you just do it quietly, then that's fine" but then there's another boundary thing that we had problems with.
I	(Mmm).
F	And then…on another day when we had to move into different halls, ag, it was just such a mission because they wanted to sort things out, then there were about three or four members doing stuff and making such a big noise that would distract the group, so we had to eventually move into the *other* hall, and move everything out the way…where…oh that's one thing… in our, in the big hall they had put out chairs, where we usually…work, because they had a…
E	Concert…
F	…concert or something that evening, but they knew that we were there, so we kindof felt like "Oh…why…you know…do you not think about us?" kindof thing.
E	Uhm, ja…when we had to move into that, because we then used the smaller hall, but as A said, one of the residents and a staff member had to go and get out the cutlery and so on, so they're walking in and out and, I mean, they're bumping chairs and bothering the residents, so that's not working, so we said we'll move into the big hall, but then there's, like "But you can't move the chairs" because they were *perfect* for the concert.
F	(Mmm).
E	And then we felt a bit…so we had to carefully push everything back and put everything back in place, so it felt a bit…you know, in the way, we were messing up their neat plans.
I	Would you say that, uhm…your supervisor and supervision helped you in dealing with the problems at this…placement? Did it help to have supervision? Silence…
F	Uhm…I don't know, uhm…the very first time that she came, it was quite…ja….I think it was quite beneficial, she gave us some ideas…and things we could have done and uhm…where we might go with what we were working with. Ja…(Mmm). (Silence)
E	Ja, uhm…with…regarding the boundary issue, I don't think it really…came up?...in supervision. Only in the last supervision did it come up and then it was, sortof, a bit…
F	…too late…
E	…to do anything about that. Uhm…I don't know if we didn't give her enough information on our problems with that, because she sortof came and saw our work with them and commented more on what we were doing musically, and uhm…where our work could go, instead of certain issues with the community specifically. So…I think maybe if earlier we could have addressed that, maybe we could have been more open with her…but or she could have asked us more about the specific community uhm…problems…then I think it could have been a bit more…helpful. Regarding the musical work and so on, it was quite helpful, but the community-wise with the boundaries and so on, I think at the end it really came out, so…
I	Could you tell me about the *low* point of your work?
F	(Soft, uncomfortable laughter) Well…I think it's come out! (Laughter)
E	Yes!

F	Well…I think you might know.Well, first of all, I was actually going to say today that my low point was the boundary-thing, but actually now that I think about it, is more the…the housemother group that I had…uhm…We had discussed that we were going to do…uh…songwriting with them and uhm…our supervisor thought it wasn't…very…what's the word?...not very good.And she didn't think it was…it worked with the group at all…and uhm…She really…was quite…I don't quite know how to say this…
E	Attacking, maybe?
F	Yes…ja, she…she…really attacked us, like…and emotionally it was quite draining and it actually…affected how I…I…was in future sessions. And uhm…every time I did something with the housemothers, I would think of that, and it really affected how I did anything with them and it…I eventually did not want to do the housemothers anymore.
I	(Mmm).
F	So…I think the way she handled it was, you know, something that really…not "messed things up", but you know that was a real…
I	Bad experience…
F	…low point. Yes, a very bad experience for me.
I	OK…(turning towards E)
E	Yeah, I have a few low points… (Laughter)
E	It's not that many, but the boundary-issue, I think, was quite frustrating.I think, also, working with the housemothers…uhm…especially in the beginning…it was a low point, but later on it sort of became a high point for me.I really found it difficult to…work with them in terms of what we could offer.I really felt that…I couldn't offer anything, because they had so much more experience, they, they're looking at us like: we're these students, doing this music therapy and what can we teach them?Even at the first session we had, uhm…we discussed what music therapy was and what…their expectations might be…and they asked us what instruments are we going to teach them…
I	(Mmm)?
E	…to play and, you know, ja…how do we play the drums? So it was more a thing of what can we teach them.
I	(Mmm).
E	…not about the experience and opening up, so it really felt in the beginning that they had this…(sigh)…stance that… Kyk neer op jou.
I	(Mmm).
E	…looking down on you, sortof, feeling, and I think that carried through for a long time.
F	(Mmm).
E	…until we really settled into *our* role as music therapists…we actually have something valuable to offer and they *are* getting something from it and they *are* enjoying themselves and then it sortof really had a different quality to it. I think the staff members also started to enjoy it…
F	They did.
E	…and to open up and…so just moving from that they're looking down on us and they're not…we don't have anything to offer…
F	(Mmm).
E	…what's this "music therapy" thing? to OK, maybe it actually does have something valuable to offer.And I think another…I won't say it's a low point…but something that was…a bit…I won't say sad, but for me was, at the end, the last day…they said…the residents said Oh, they'll miss us so much and the staff also said thanks for all your good work, and then they were like "Please come back next year, but come and do volunteer work"
F	Yes…

E	And we thought, you know, they can really see what music therapy I think, at the end, offered the residents, and staff members who were in the staff group really experienced it and then just by the end saying "OK, we really want you back, but we're not going to *pay* you…to come back next year."
I	(Mmm).
E	That we're not really…you know…we really put in a lot of effort and we were really, uhm…ja, put in a lot of care with the work with these people and I think they could see it, but it just felt they didn't *value…* our work…
F	…enough
E	…enough to really…
F	…have us back…
E	…have us back…paid.
I	(Mmm).
E	And I know they're an NGO, so they don't get a lot of money and they re…reliant on funds and donations, but yet, you know, we have something to offer and they really could see it and they *want* us back…you could see they want us back, but they're not prepared to pay us. So…that was really a bit…frustrating.
I	(Mmm). Especially if it is the profession you are in, and it's where you want your money to come from one day. (laugh) Uhm, what would you say did you learn about yourself while working at this placement? (Silence)
E	I'll start…
F	Still thinking…
E	Uhm…I think at this placement I learned that I'm capable of more than what I think I am, especially with the staff group.And…I really saw again that, you know, the work that music therapists can offer, that we could offer, is really valuable, even though people may not think so in the beginning, you could see how it changes their perceptions of it and they started getting into it.So, it's sortof, I learned that music therapy is actually really very valuable and it does work and uhm…I also learned for myself that I could…care…more for people (laughs), because sometimes I feel at placements you get frustrated and so on and even at this placement I did get frustrated, but there was really a sense of…you know, I could care for these people and there was a lot of caring and love and so on…
F	Well, uhm…also seeing how music therapy actually can help people, because I have found throughout the two years that I've been studying, that I have my highs and lows where: "Is it really working?" I mean, you know, "I'm not quite sure", and…it was quite and experience, as I said that very…that high point I had…that was definitely something for me that just…you know…that I learned about myself now, "Oh actually, you know, I *do* believe in it and I know it does work" So that was something, and uhm …I was going to say something…I just went blank, I'm sorry. I'll tell you in a few seconds. (Laughs) Sorry. (Silence.)
I	Well, you guys actually answered my next question, which was "what did you learn about music therapy while working here". Uhm…how…in what ways did you experience this placement as being different or similar to your other placements?
F	That was something for me…
I	(Mmm)?

F	In the beginning I was like…well this is…this isn't different? I said we're doing the same thing, we've got groups…well the only thing that I felt was different was the fact that we've got four groups instead of a group and two individuals each and I actually was wondering…what we were doing that was different, but…I'm still struggling a little bit with it, but I think the concert, for me, was something that was really…changed it, you know, for me.Uhm…because of involving the rest of the community, watching them and seeing what they can do…I think that was the only point for me that I could really think of that was contrary…
I	…that was different. And you? (looking at E)
E	Ja, I also, in the beginning really felt this is quite similar to our other placements, because we have a set place, we have a set time…set boundaries…
F	(Mmm)…
E	…even though they weren't always respected.Uhm, and we had the same group members and so on.When we started the open group it felt a bit more…like a community placement, because we saw different residents each week.And also the concert was the one thing that uhm…was different and especially the rehearsals and getting contributions from the residents as well…and just the concert itself. We involved sortof , the audience and where the residents had a different experience of themselves.Uhm…and just having this experience of being able to contribute, because I think at the community itself, uhm…staff really helped them quite a lot, but they don't really get the opportunity, I felt, to really…do things for themselves.
I	(Mmm).
E	…and to contribute, because they've always been seen as…you know…helpless, dependent…and at the concert they, I think, they had a different experience. And also the last day, the high point, where everybody was welcome and we had residents that we never saw before and…the heads of Z were there and they could just see the residents in a different light, like that guy, and when each resident had a turn to sortof lead the group and everybody was playing together and there was just a sense of just making music together…
F	…community…
E	(That was not…that was not with this goal in mind???) So that was, the concert and the last day, we had this big open musicking, that was really community for me, but the rest of our work, except for the concert work, felt more like music therapy work…clinical goals…
F	(Mmm).
E	…working towards it.
F	And that, the last day as well, uhm…I wanted to mention it…I was actually quite upset that it happened on the last day…I was thinking: If we had had this the first day…it would have been different… I think in a way. I think they would have realised then: Oh, this is, you know, really something that can help more of the residents and it probably would have given us more residents that really could have benefited and it was…ja…that was _____for me, ja.
I	If you…if you were to go back and do it again, what would you change?
	Would you change anything?
F	(Silence)Sho!
E	Well, I think, uhm…that we would, maybe, as A said, start off with just inviting everyone to come and see what music therapy is about, just play together, so that they have a more tangible…maybe idea of what it is and what it can offer.And I think, as A said, the staff might have had a better…broader idea of what music therapy can offer, they might have referred more clients for music therapy or might have…we might have had more open groups.And the staff might have been more open to coming to the open groups as well.

F	(Mmm). And I think I the big thing there is also open groups, because we had closed groups, which was fine uhm…because, you know, we need to focus, I think especially for the lower functioning group, uhm…to focus on their needs as well…but I think open groups are quite helpful because you get more people and…
E	(Mmm)…
F	…a wider variety in levels of functioning…and I think you'd actually reach more of the community.
E	Ja, you can impact the community more and I think the perceptions could have changed more. Because the perceptions of staff, I think, did change by the end, but it took a long time for them and I think if they had been involved from the beginning, it could have changed if they'd felt and seen, done the music therapy…or just musicked with…they might have been more open and had a broader…idea of what it could offer….the impact it could have had…
I	Uhm…well, I just want to also ask you, like, we've said a little bit about it, but how do think or *do* you think that your work here was influenced by what you know about Community Music Therapy?
E	(Silence.)Uhm…I think the concert was a direct influence…
F	Yes. I totally agree with that.
E	…from theory, because when we started working there, A and I, as we've said, felt: "OK, this is not community, what can we do to *make* it more community?" and then the first thing was "Oh, the fete…what can we do there? Oh, a concert…public performance…" So in that way, I think music…Community Music Therapy sortof steered our thinking…but the last day with that big open group was…that was not really theory, it was just…
F	…natural…
E	It was just a natural, spontaneous sort of musicking that happened. Uhm…it was difficult to, sortof…try and integrate Community Music Therapy with…traditional music therapy…
I F	(Laugh)
E	…because you still had to do music therapy work, but…how do you do that…sortof without losing the community aspect and that was difficult for us…
F	Ja.
E	…because it felt more like we did more traditional music therapy____???? And the only thing that was more community was the concert, because we struggled to integrate…the two.
I	Do you think that…if you went back and you redid it, you would keep your original groups and then just add some more open groups, or do you think you would go only to open groups?
F	I think for s…as I said with the lower functioning group, I think definitely keep *that* group, uhm…maybe…ja… I would add more open groups…I don't know if you… (looking at E)
E	Ja, well definitely think that we…uhm…we would keep the lower functioning closed group, uhm…even the staff group…I think we would have kept…
F	(Mmm).
E	…because that just gave them a different space to be… And the higher functioning group…
F	I don't know, I would have *liked* to keep them,
E	because…I think they really gelled as a group and uhm…in a different way as the rest of the community, but I think then we would have really *added* many more open groups or even made the higher functioning group an open group later , so…
F	(Mmm).

I	Uhm…do you think that there's anything else that uhm…the training could offer that…you would change about the training which would have helped you in working at this placement?
E	Well, the first thing I can think of is while we were busy working at the community placement, we were doing Community Music Therapy in theory, but it just felt like we needed it earlier…
F	Ja.
E	..because we went in there and we didn't really have a good grip or handle on what was…what is music therapy, because we haven't really done it before.
F	(Mmm).
E	So I think we could have started with the theory part last year already that we just had a basis to work from.It was helpful to have it during as well, because then we could get some new ideas and…ways of thinking about the work, but I just felt in the beginning when we started working there it felt just…OK, what must we do now?What is Community Music Therapy?Just felt like we're just setting up another placement, we're just doing music therapy there, so…
F	It felt like we *had* to do Community Music and…
I	Maybe if you had both the stances, you could integrate it better…
F	(Mmm).
I	Is there anything else that you would like to add that I haven't touched on? Silence… …about working at Z?
F	It was just a wonderful experience, because I really actually…lots of ups and downs…but it was very nice, I really enjoyed it.
E	I'm also going to miss them there…and the residents also…took a long time to, you know, say goodbye and prepare them to say goodbye…they really get set in their routines, but I really think music offered them something valuable…
F	(Mmm).
I	I think that's everything… Thank you very much.
FE	Thank you (laughs)

Appendix D

Coding

		Sentence	Code
1 2	I	Could you please tell me about your experience of setting up a community placement at X?	
3 4 5 6 7	A	(Giggling.)Uhm…I think in the beginning it was a bit daunting. New placement, like every other placement. New placement, new people, new population group to work with. Uhm, and especially the setup.	X1. not different from other placements
8	I	(Mmm)?	
9 10 11 12 13 14	A	That was a bit daunting to me.The way we had to manage how to, or where to have the sessions.But, uhm, ja, since you, once we've got G and H on our side, I think it went a bit better…it was less daunting. Someone you can rely on.Someone that could help you.	X2. logistics X3. staff support
15 16	I	Could you tell me a bit more about the setup and the problem of where to have the sessions?	
17 18 19 20 21 22 23 24 25 26 27 28	B	Well, there was no physical space that was allocated for us, because they had a lack of space…as well and because the people don't attend that often, the clinic, they only come once a month, or once in two months, they didn't have, they didn't have a, or they would only come when they want to come and that was difficult.(I'm talking in circles.) Ja, and when we asked for the room, they said we were going to make too much noise, and the nurses will complain.But then finally when we explained to them, after sending them a letter that was written by the university, we got the room.	X4. no allocated space for MT X5a. staff attitude negative X5b. uninformed anticipation of difficulties (staff) X5c. music permeates
29 30	I	And, uhm, did you have all your sessions in this room?	X6. university support
31 32 33 34	A	No. We had three sessions during the day, or the morning, two in that room and then one outside in front of the building where loads of social interaction is happening.	X2. logistics X7a. flexibility of how/where music happens X7b. music in a public space
35	I	And what format did these sessions take on?	
36 37 38 39 40 41	B	Well, the first two in the room were more closed, it was more, people were uhm, personally invited to come, which they then, they can either decide "No" or "Yes" and then most of the time they did come…and then the open group session people just…pitch up and they just happen to be there.	X8a. closed sessions: mostly patients X8b. public space enables access for all
42	A	(Mmm), just participate.	
43 44	I	And which people were these…who attended the sessions?	
45 46 47	A	In the closed, or in the boardroom sessions, where we, the closed groups, were mostly patients with the exception of one or two staff members.	
48	I	(Mmm)	
49	A	And then outside was actually everybody.	

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1	B	Yes, staff members, volunteers, patients,	
2		or…persons with HIV	
3	A	HIV, (Mmm)…and also vol…workers from other	
4		departments.	
5	B	Like the groundsmen…	
6	I	(Mmm)…	
7	B	The gardener…(soft laughing).	
8	I	OK. And how did you go about formulating goals for	
9		these sessions?	X9. MT goal: social interaction
10	A	Uhm…For the…for my sessions in the boardroom	
11		my goals were more or less something like… social	
12		interaction, uhm…a space where they could	X10. MT goal: normalisation
13		experience themselves in a different way than being	(healthy identity)
14		a patient, being normal.	
15	I	(Mmm).	
16	A	As opposed to someone with HIV.Uhm…and also a	X11. MT goal: emotional sharing &
17		space where they could share and express their	expression
18		feelings and emotions and experience joy.And also a	
19		space where they could relax.	X12. MT goal: enjoyment
20	B	I think it originated from when we first got there and	
21		our meetings that we had with J.	X13. MT goal: relaxation
22	A	(Mmm).	
	B		
23		What he said, you know, they want to go back to their	
24		normal, they want something normal to hold on to.	X14. Staff goal for MT: normalisation
25	I	(Mmm)?	
	B		X15. student's own research infor-
26		Uhm, and through my own research I found that	med MT goals
27		persons with HIV/Aids don't often interact with other	
28		people, because of the fear of labelling and stigma…	
29	A	Stigmatisation…	X9. MT goal: social interaction
30	B	…and discrimination against them.So I think the	
31		overall goals of that of both, of all three our groups	
32		were just that: facilitating interaction, reconnecting,	X16. MT goal: reconnection
33		uhm, reconnecting with other people, and therefore	
34		establishing their own little community where they	X17. MT goal: musical community
35		could be accepted.	
36	I	OK… How do you think the people at this…at this	
37		hospital, uhm, the patients, the nurses,	
38		the…everyone at the clinic… How do you think they	
39		experienced this process? Of setting up the	
40		placement?	
41	B	I think the staff members were…surprised at what	X18. staff (pleasantly) surprised
42		happened.	about MT
43	I	(Mmm).	
44	B	If I can use that word. They didn't think, I don't think	
45		they knew what we actually did and what our aims	X19. staff uninformed about MT
46		were.	
47	I	(Mmm)?	

1	B	Uhm, and <u>I think they had a total different experience</u>
2		<u>from what they thought we were going to do</u>. They… I
3		am not sure if they still know what we did,
4		but…(giggling)Uhm…Well, especially the people, say
5		for instance the people in the clinic in the boardroom,
6		those…the counsellors there. I think the people at the
7		O had more or less a better idea and they knew what
8		we were there for. But the people in the clinic, I think
9		they didn't, <u>they thought we were going to make a</u>
10		<u>noise and that was it</u>.Ja.
11	A	And I think as soon as they realised that…we were
12		making a noise <u>but people were drawn to that noise</u>.
13		to come and join them, and <u>they also start to come</u>
14		<u>and see what's happening</u> and realise "this is more
15		<u>than just making a noise and making music</u>".
16	B	<u>I think they also experienced the difference in the</u>
17		<u>people that attended sessions</u>…
18	A	Yes!
	B	
19		…experienced how they were before and how they
20		were after and <u>how the whole noise-making affected</u>
21		<u>the environment</u> and <u>how they were pleasantly</u>
22		<u>surprised by how they were feeling afterwards too</u>.
23	A	Yes!
24	I	Would you say, then, that it was the music that, that
25		drew the people in?
26	B	Uhm…W…Not at first, because at first there weren't
27		any music, <u>that was the difficult part of the whole</u>
28		<u>thing, is to get the patients to come</u>.How do you
29		explain "Listen, were going to…" Do you say "We're
30		going to have a therapeutic session"?Or "We're just
31		gonna make some music"?Or…"We're gonna beat
32		the drum" or… why?And that why you're going to
33		that, I think that was the difficult part.
34	I	So, as… as a new student working there, that was
35		one of your difficulties.
36	A	Yes.
37	I	What was some of your other needs…in working at
38		this placement?
39	B	(Silence) (Mmm)…
40	I	Your own needs, as a student.
41	B	Well, I think, for me, because I was mostly in the
42		open group sessions, the facilitator, <u>I wondered a lot</u>
43		<u>what my role is</u>.Am I just there to make music or am I
44		<u>actually…do I have a clinical intention of being</u>
45		there?What is it? How can I establish that? How can
46		I…uhm…be a therapist in that situation?Or am I just
47		someone that owned a few drums and I can come
48		and play with people?I give them an experience. Is
49		that my only role?
50	I	(Mmm).
51	B	So I think that was what we wondered about…

Handwritten annotations:
- X18. staff surprized
- X5b uninformed anticipation of difficulties (staff)
- X20. music draws people in
- X21. staff's negative perceptions changed through attending MT
- X22. music positively affects environment
- X18. staff surprized
- X23. difficulty recruiting clients
- X24. student's role uncertainty (open sessions)
- X25. difficulty determining clinical intent

Page X3

1	A	And also, I think, as you said, uhm, wondering
2		around the fact that were we music therapy students
3		or were we just musicians…there giving the
4		experience?
5	B	Ja.
	A	
6		And was there actually a therapeutic thing going on?
7	B	But I think the people that attended the clinic also
8		wondered what we actually were. (laugh)I think they
9		saw as musicians…
10	A	Musicians…ja.
11	I	And, so, would you say that this was one of your
12		main struggles working here? Or, not struggle,
13		uhm…almost something you had to work out for
14		yourself, uhm, about what your role there is and how
15		you should think about it?
16	A	I think it was a process for both of us, for everyone
17		who worked there, uhm…From the beginning, since,
18		like, to realise what you actually were doing
19		there.But, uhm, ja, I don't know if they even now
20		know…
21	B	(Starts to laugh while A is talking) I was gonna say,
22		did you ever come to a conclusion?
23	A	No, no conclusion.
24	I	Now, if you think about this, would you say that that
25		this experience at the, at the community placement
26		was different than your experience at other
27		placements?
28	A	(Mmm), for sure.
29	I	And how would you say it differed?
	A	
30		I think at other placements they know you're coming.
31		They are more used to, since, like, for Weskoppies,
32		they know we're music therapy students, they know
33		we take clients, they know they don't disturb us.They
34		know almost the whole process about music therapy.
35	I	(Mmm)?
	A	
36		Like, the setting up process.But, at the, at X, they
37		didn't know anything about us or how we work.I
38		mean, it took us a while to let them understand we're
39		only taking a few groups and this is what our…routine
40		will be for the day and warra warra warra.
	I	
41		So, uhm, would you say that that has something to
42		do with the boundaries of the session?And how was
43		that something that was 'n problem for the placement
44		as opposed to something that you were thinking
45		about?Differently from at other placements?
	B	
46		Uhm, at first, no, because I really thought when we
47		were first talking with J and we were trying to find a
48		way of starting it, I was really intent of…on getting a
49		place where we can have closed groups…
50	I	Like a physical..?
51	B	…like a physical boundary.

X26. student's role uncertainty: musician vs therapist

X27. questioning therapeutic value (students & staff)

X28. different from other placements: staff uninformed

X29. students initially wanted closed space

1	I	(Mmm)?
2	B	
3		That we can have that. Uhm, otherwise I didn't see it working. But as soon, like the more we talked about it, the more we actually worked there, you understand that it is not actually going to work that way. And I don't know if it is a cultural thing, but, I don't know, in this community placement, and even in Weskoppies, you get people that just don't regard the physical space, because... that is definitely a cultural thing.
4		
5		
6		
7		
8		
9		
10	I	(Mmm)?
11	B	I think it's an African....whatever. They don't... I don't know if they don't like being in an enclosed space, because that means, you know, giggle, something bad's happening or...(giggle)I don't know, it's just my own opinion. But, uhm, even doing music sessions under a tree, I still had a need for a space, and even though just putting the blankets in a circle, that actually made, made it better.
12		
13		
14		
15		
16		
17		
18		
19	B	It helped me settle in a bit. And I think we needed to do that before, because we've never done it......in another way.
20		
21		
22	I	Uhm, would you say that now that you say "you've never done it in another way", uhm, do you think that, can you tell me that... Let me rephrase. Uhm, how did what you know about Community Music Therapy influence your way of thinking here? Did it?
23		
24		
25		
26		
27	B	Uhm, we...as we started reading, I think, about other people's experiences, oversees people, whatever, and we could actually identify with them in their writings or in their experiences that, Oh ja, they actually also, they don't have a room where they work in, they have everyone, everyone's welcome.
28		
29		
30		
31		
32		
33	B	It's not a...like that, uhm, what's his name? Aas... Aasgard...(giggle)...in Norway
34		
35	B	That he works in a hospital, that he just goes from floor to floor and plays his little...recorder, or whatever he plays. And people just follow him, and people just...that's how he gets his groups and then he just does a group like that. And I think reading from that, kindof, gave me a better idea of "OK, we can actually do this here as well", because we need to. And that, I mean, from his expective was Community Music Therapy from how he understood it. And I think that is how I started understanding it as well.
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46	I	(Mmm).

Handwritten margin notes:

X30a. adapting to context's space

X30b. not different from other placements: space

X31. disregard of physical space: (cultural? Not specific to placement)

X32. Student's need for boundaries

X33. identifying with CoMT literature

1	A	Ja, for me as well.In the beginning, as I didn't even
2		know about Community Music Therapy, I didn't
3		thought about it, <u>but as soon as we started reading</u>
4		<u>about it and speaking about it in class, it made a lot</u>
5		<u>more sense working in that community or in that</u>
6		<u>placement.</u>When realising that, to have music
7		<u>outside, is also music therapy.</u>And <u>to realise how the</u>
8		<u>community is affected by the music.</u>I didn't thought
9		about it before I know about
10		Community...Community Music Therapy.
11	B	But <u>I think it is in the way that we were taught...</u>I
12		mean if we even didn't know that Community Music
13		Therapy is, that there is something like that, that it's
14		just <u>the way we were taught in our first year: "Listen,</u>
15		<u>this is how you do it: you do it in a little space, you</u>
16		<u>have one person as your client, that sometimes you</u>
17		<u>have a group.</u>
18	B	But you have an enclosed group, it's not a...But
19		actually, <u>music therapy is Community Music Therapy,</u>
20		<u>because you can't enclose music.</u>I think that's how
21		we were taught and that's why the framework that we
22		went into here was not Community Music Therapy,
23		because we were taught that way.Music, what do you
24		call it?, per...
25	A	Ripple. Permeable.
26	B	It permeates. (Giggle) It's permeable. And I also
27		think... (silence) Wat wou ek nou gese het?
	A	
28		Ja, the, as you said, the way we were taught was
29		conventional, or the consensus model.Uhm, but it,
30		we knew about... we didn't knew about community as
31		music therapy or <u>working with the community.</u>We
32		were more encouraged to work with the individual.Ja,
33		you were encouraged to speak to the staff and the
34		nurses about your clients, but it wasn't said: work
35		with the community...at first.I think it was, if we knew
36		that from the beginning, this placement would be...
37	B	Totally different...
38	A	...much more easier to work with and to start, to set
39		up.
40	I	But, uhm, if you were to do it over again... had a
41		chance to do this work at this placement again, what
42		would you change?
43	B	Well, at first, I think our, our framework is broader.Ja,
44		<u>we're not set on finding a physical space so much</u>
45		<u>anymore...</u>
46	A	Uhm, I think we might not even had a physical or a
47		boardroom sessions.
48	B	Ja, it's also because it's such a short term
49		placement.<u>If it was for a long...longer term, then I</u>
50		<u>think we would have actually moved into a more</u>
51		<u>individual base.</u>.....client group instead of using
52		everyone.I mean, keep that, but through that, I mean,
53		we formed quite nice relationships with some of the
54		people.

Margin notes:

- X33. identifying with CoMT literature
- X79a. flexibility of where/how music happens
- X 34. broadened thinking: now also considering community
- X35. 1st year training: stricter boundaries
- X36. CoMT & MT not separate
- X5c. music permeates
- X5c. music permeates
- X34. broadened thinking: now also considering community
- X37. students no longer wanted closed space
- X38. if longer term work: possibly more individual-focused

1	A	(Mmm).
2	B	And we had some regular clients…and that, uhm,
3		that, I mean, that can continue into…develop into an
4		individual relationship.
5	A	Ja. We'd actually do the process the same, but in
6		reverse gear.From open group to closed group.
	B	
7		So I think our thinking would have just been different.
8	I	And specifically with regards to the physical
9		space…and the size of the groups?
10	B	And also perhaps talking to the…negotiating it.I
11		mean, now we understand a little bit more of what
12		they don't understand. (giggle)We understand their
13		routine a little bit better…as well.
14	I	So it has to do with how they, the people at the…at
15		the clinic also see music?
	B	
16		Ja, and also how they, their day to day routine…I
17		think we also didn't really…I mean, we did, we did
18		after breakfast sessions which we actually supposed,
19		maybe we could have done it before breakfast, or
20		you know like, we knew a little bit how their their
21		timetable worked, I think that was also…
22	I	Just by getting to know…
	B	
23		Ja, just know the community placement a bit better.
24	I	And then…could you tell me about the…low point of
25		your work at the placement?
26	A	I think for me…in the beginning the setup. To really
27		get everybody understand and to get or…to be
28		organized, because I liked organized ways.But also
29		the cultural difference, to realise that even though
30		you are white and a little blonde girl, you can still
31		make music with people that's black, from another
32		culture and tradition.
33	A	So, in the beginning it was very difficult for me to
34		realise that it is OK to dance and to play with
35		people…Not "OK", but in a way you can do it…I
36		didn't had any self-confidence.By dancing and
37		jumping up and down and singing with these people
38		and play music with them, but in the end it became
39		my high point: to realise that even though I'm white
40		and they are black, and even though I'm more
41		Western and they're African, we could all make
42		music and it was, it was not who you are, but it was
43		in, or, everything was in the music.
44	I	(Mmm). (Looking towards B
45	B	I think my low point was…frustration that I didn't
46		know what I was doing there most of the time.
47		(Giggle) And, uhm, that I wasn't, that I didn't
48		understand the music that we made and I didn't
49		understand how to…intervene or how to…be a
50		therapist or…"what must I do now?"I was lost quite a
51		few times. (laugh) And I think that was…ja, that was
52		probably the……the lowest.
53	I	And your high point?

Handwritten annotations (right margin):

X39. if over time: ideally move from community to individual level

X40. getting to know the context

}X2. logistics

X40. getting to know the context

X2. logistics

X41. overcoming cultural differences through music

X2⁴. student's developing confidence in own ability & in music

X41. overcoming cultural differences through music.

X2 6 4: student's role uncertainty

	B	
1		Uhm, high points are many. Just, like little moments
2		that I can remember that happened in…in all of our
3		sessions that we had. Like just individual people and
4		how I saw them in relation to the group and, well, just
5		how they…how they changed their…their whole
6		demeanour from before the session…and to after the
7		session…and how they were just so different. And
8		I'm just thinking of that lady that danced that last
9		session we had and how her face was just, her whole
10		body, like, was so sick and tired…and it was really
11		sad to see her, but how she moved to the music
12		totally transformed her into a different world and I
13		think I'll always…that will always, the image will
14		always remain with me

X43. music engaging person's "healthy side"

	I	
15		(Mmm)… So…
16	B	And also just, making music with people is so much
17		fun! Just going outside and seeing how people are
18		drawn to it….And then a low point: of how they're not
19		drawn to it.(everyone laughs)

X44 student : enjoyment

X20. music draws people in

	A	
20		And then also, another high point for me was maybe,
21		in the closed sessions when they had time for
22		reflections, or comments that they did afterwards that
23		I could, I didn't thought that people were able to say
24		that… "We are like family" and "The music is my
25		comforter" Ja, I think the comments they made
26		afterwards.
27	B	From being together in a room for like, 30 minutes…
28	A	Yes.
29	B	…they could say something like that.
30	A	And then you also feel like, "OK, you have done
31		something that made this happen"
32	I	(Mmm).
33	A	There was a goal afterwards, or a…a purpose for the
34		session.
35	I	(Mmm). Uhm, what would you say…did you learn
36		about music therapy while working at this placement?

X45. student surprized by clients' positive comments
X46 sense of belonging (client comment)
X47 music consoles (client comment)

X48 student satisfaction at positive feedback

	A	
37		(Silence and some giggles.) Uhm, I think just to know
38		that…what we've learned last year is not the only
39		thing. There's so much more about music therapy
40		one can adapt or apply to a session. Uhm, and that
41		music therapy can…it's not only working in, within a,
42		well, especially with the space, that it's not only
43		working within this physical boundary, boundaries of
44		closed group, uhm, but working with the community
45		and affect everyone, even though they are not in the
46		session as well, but you are affecting the whole
47		community.
48	I	(Mmm). Thank you. And you? (directing her
49		attention towards B)

X49. student's understanding of MT expanded
X7a. flexibility of where/how Music happens

X34 broadened thinking : now also considering community

	B	
1		Giggles. Uhm…also, ja, I think you just n…I think our
2		way of thinking, or my way of thinking about music
3		therapy also expanded and actually, uhm…you know
4		I think I've found a reason why I am music therapy
5		and I think this is why.Because of this community
6		placement, what I've experienced there, that's why
7		I'm doing it. I don't know how to say this…uhm…Be
8		open-minded?I think music therapy is not confined to
9		a…one space.It's not confined, as you said, it's not
10		set in stone, in one specific manner.Because of this
11		community placement, what I've experienced there,
12		that's why I'm doing it. I don't know how to say
13		this…uhm…Be open-minded?I think music therapy is
14		not confined to a…one space.It's not confined, as
15		you said, it's not set in stone, in one specific manner.
16	A	(Mmm).
17	B	It depends on the place where you work, that's how
18		you will work, that's how you will think. So if I think I'm
19		going to work in a hospital one day, with a…in a
20		private hospital, perhaps with a specific room
21		allocated me, you know, my thinking would be
22		different…
23	I	(Mmm)?
24	B	Versus 'n place where I will go work as a NGO,
25		somewhere in a rural village or whatever…
26	I	(Mmm).
27	B	It will be totally different.
28	I	(Mmm)…
29	B	And I know that, because I have these different
30		frameworks in music th…music therapy *can* actually
31		reach all of them.
32	A	(Mmm). Ja.
33	B	It can reach the private person, and it can reach the
34		community.
35	I	(Mmm).
36	A	The individual and the group.
37	I	(Mmm). And uhm, you mentioned now something
38		about your own way of thinking, of changing. What
39		would you say you learned about yourself by working
40		at this placement?
41	B	I'm quite loud…? (Laughing)
42		I need to learn more African songs… (giggling some
43		more)
44	A	(Mmm). Ja.
45	B	I need to expand my musical base, or my…
46	A	Ja…
47	B	…interest in music need to go a little bit further than
48		what I'm used to. Uhm…what did I learn about
49		myself?
50		I think that I just learned that I enjoy this kind of
51		setting…
52	I	(Mmm)…
53	B	…more than a private room in some private hospital.

Annotations (right margin):

X49. Student's understanding of MT expanded

X44. student enjoyment

X50 context-specific MT

X7a. flexibility of how/where music happens

X50. Context-specific MT

X39. move from community to individual level

X51. student needs to expand musical base

X52 Student enjoys community setting more than other placements

1	I	(Mmm). And why, would you say, is that?
2 3 4 5 6	B	I think it's the kind of person that I am.I like being around people.I like, uhm, I like making music…with other people.And I like handing the music over to them…(Laughing)…and watching…observing.Uhm, I don't know, I'll think about it some more.
7	I	(Mmm). And you, A?
	A	
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26		I think especially, ag, definitely, that expanding my African music, <u>because that's what you were supposed to connect with…with people and I sometimes felt that I did not connect well enough with</u> them through the music. Uhm, and then also, uhm, the fact that uhm, <u>I like structure and boundaries.</u> That I liked the boardroom sessions a lot, but also that if, if I have to, <u>I will, I can do a, I think, an open session which there is no physical boundaries</u> and, uhm, ja, definite roles and things like that. So ja, I think, and also within the physical boundaries or within the boardroom sessions, I realised that even though I, uhm, I've been thinking more in a conventional musical…music therapy framework, I still did Community Music Therapy and I was able to be a participant role in the session and not, not only take the lead. <u>That I could, like you said, give it over to the group and still facilitate it, but not lead the session.</u>
27	I	(Mmm).
28 29	B	Ja, that you don't always have to be the *leader*… Ja… …you could just…be the…
30	A	And it's OK *not* to be the leader.
31 32 33	B	You, what? What does that woman say? "From intervention to collaboration." (Laughing about the formal voice in which B spoke)
34 35 36 37 38	I	OK, uhm, so…just to wrap it all up: Uhm, if you could add anything about your experience, uhm, about setting up and negotiating and establishing and working at this placement, is there anything you would want to add about it?
39 40 41	A	I would like to say that…<u>if I was our lecturers, I would add the Community Music Therapy module last year,</u>..
42	I	(Mmm).
43 44 45	A	…to have a better background to start with it... Start with it in this year with knowing about Community Music Therapy and…
46	B	(Mmm).
47 48 49	A	…just to make it easier. I know it's a whole process of doing it, but I thought, I think it will be better to do it.
50	B	I think it…for South Africa…that is very necessary…
51	A	Ja, almost to start your…
52 53	B	…because I mean that is the way we have to, kind of, work here.

Handwritten margin notes:

X51. Student needs to expand own musical base

X32. Student's own need for boundaries

X53. increased confidence in Working less structured

X54. student learning to be less directive

X33. identifying with CoMT literature

X55 CoMT theory earlier

X56. SA necessitates CoMT

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A	Ja.
B	Even last year, you had sessions that were interrupted or that were…not always in a closed space, but uhm…I mean, I conducted a session outside in a hall for like, my first session.(Laugh)So like, you know, if you knew like, from the start, you wouldn't be so afraid, or so anxious about what are you supposed to be doing there, because you actually know it's fine, that you can.
A	Ja.
I	So you would suggest, uhm, keeping the Community Music Therapy…uhm…part of the course and moving the theoretical background…
A	Earlier.
I	…earlier, before for you start with your…
A	Ja, ja.
A	And even, almost, from the beginning of the first year, I would say.
B	Ja.
A	Because, as you said, South Africa is more about Community Music Therapy than any, any other module…model.
B	I think, also, it would have helped us a bit better to understand the placement that we were
A	Yes, and to set up.
B	Ja, and I think, that's something that I would add, is about the placement. Like, the process that the staff members went through…
A	(Mmm)…
B	..with us, from the beginning, from that horrible meeting with J to him actually saying "It is amazing", you know "this, actually, my understanding has changed".
A	(Mmm).
B	And G and H being so open to us as well.
A	(Mmm). I think their process was just as, just as…much? (laugh)
I	Can you tell me a little bit more about their process, if you would have to…
B	But in the beginning, how he was so set against just making music with people, or even though he didn't, he did understand our way of thinking and our therapeutic, you know, the therapeutic meanings of music. He understood it as… "OK, we're going to start a band" and you know, the choir, and…
A	That we were going to teach people *skills*.
B	You know, "there is going to be skills". (Laugh) "We're going to teach them how to plant a vegetable through music" Uhm…
A	(Laugh)

X 30b. not different from other placements: space

X57. CoMT knowledge could possibly reduce student concerns.

X58. CoMT could be useful for other placements.

X56. SA necessitates CoMT

X21. staff's negative perceptions of MT changed

X59. initial staff goal for MT: skills.

1 2 3 4 5	B	Uhm...(laugh) So, and then from, from that and for that first sessions that he attended, just the things that he was saying about it, uhm, that, you know, that he's really...that he really could see people's faces change...	X21. staff's negative perceptions of MT changed through attending sessions
6	A	(Mmm).	
7 8 9 10	B	...and uhm, even his own thinking of music has changed and...you know, he actually showed a big interest in what we were doing in the end, even though he was so...totally against us...	} X60. staff's interest shifted from skills to experience
11	I	(Mmm).	
12 13	A	Yes, and his interest wasn't about the skills they've learned, but the experience they had...	
14	B	Ja.	
15 16	A	...and the experience I think *he* had, sitting in some of the sessions and seeing people, and realising...	X21. staff's perceptions of MT changed through attending sessions
17 18 19 20 21	B	Ja, I remember that one session we had, our first session outside, when we had that group of women singing, and he came afterwards, he actually was standing, you know, watching us, and he still said ja, "The psychiatric asylum is that way".	
22	A	Ja.	
23 24 25 26	B	..and the he started, he was actually just joking and then he just started on how wonderful this was to experience this, and this singing and this connectedness that *he* felt, even as a bystander.	X18. staff (pleasantly) surprised by MT
27	A	Yes. (Mmm).	
28 29 30	B	Uhm, I mean, that was, what was quite...uhm... I mean for him it was quite...cool. He became different... more open-minded.	
31 32 33 34	A	Yes, and regarding G and H, I don't think in the beginning they was...they knew what is going to happen...at all. I don't even know if they know, or knew, what J wanted...	
35	B	(Mmm).	
36 37 38	A	...but I think they grew into the fact that we were there, guiding them what we want to do, and they just fall in and say yes or no, it's possible or not..	X61. Student's role: guiding
39 40 41	B	(Mmm). ...and I think in the end, I mean, in that last session with G just want us to go on and on and on... (Mmm)...	
42 43 44 45 46 47	A	...and keep the people busy while waiting for the food, I think just...for them to see that there was actually interaction and, uhm, it's kindof a...connectedness between the people and between them and the staff and the patients and everybody there. I think it was just...wonderful.	X62. music binds everyone together (staff, patients, etc.)
48 49	B	And I think for them, as foreigners, they've learned something about the people that they work with.	
50	A	Yes. Ja.	
51 52	B	And how they do actually connect to music and how it forms part of who *they* are.	X63. music forms part of ppl's identity.

1 2 3 4 5 6 7 8	A	And experience a different part, or a different way of that people being in the world with each other. (Laughing) No, but really! (Laughing some more) They experienced…when they arrived here they experienced these people as sick, not interacting with each other, not at all, and now they totally different way of interaction between them and different way of being.	X43. music engaging ppl's "healthy" side
9	B	And I mean, they don't have that in their own country.	
10 11 12	A	No. And I mean that's…maybe not the fact…the (sigh) the memories they will have of South Africa when they leave here.	
13	B	(Mmm).	
14 15	A	It's not only… It will be different than the memories they had in the beginning.	
16	B	Ja.	
17 18	I	(Short silence) Anything else you would like to add? (Silence) Thank you.	

		Sentence	Code
1	I	Interview number two.(soft laughter)Well, I think we should just get started by you telling me more about your experience of setting up a community placement at Y.(Few moments of silence)	
2			
3			
4			
5	C	Do you want us to talk about, like, from the start?	
6	I	You can just talk about your whole experience of it, some things you think are noteworthy...anything that you think important.	
7			
8			
9	C	Uhm...well...I spoke to a friend of mine about...uhm...W, it's an organisation that works at places like street shelters and with street children and that sort of thing.She was working for them at the time.And...uhm...she mentioned that their organisation was involved in Y.Uhm, and we then set up a meeting with the T representative, who was actually involved at Y, his name is V.And we had a meeting with him last year already...? (looking at S)	
10			
11			
12			
13			
14			
15			
16			
17			
18	D	(Mmm). Ja.	
19	C	Ja, end of last year uhm...just to kind of discuss the shelter, what kind of boys were living there, that sort of thing and...	X1. logistics
20			
21			
22	D	...what their needs were.	
23	C	Ja. What their needs were. What other kind of programmes they've been running at the shelter...that sort of thingUhm, and we also just then spoke a little bit about music therapy; what we thought it could offer.We...uhm...and then spoke about more details, like when we would start and that sort of thing.	Y1 staff communicating boys' needs .
24			
25			
26			
27			
28			
29			
30	I	(Mmm).	
31	C	And then one or two e-mails in, like after that.Uhm, and then we started there...the first week of February, I think? (looking at S)	
32			
33			
34	D	Ja.	
35	C	Yes, pretty much that was our only contact session with someone.	y2 limited information before starting
36			
37	I	And, uhm, when you spoke to them about what you were going to offer at the placement, what types of things did you tell them?	
38			
39			
40		(Silence and some nervous laughter)	
	D		
41		Well, we spoke just about the active music-making.We spoke about...uhm... I think we spoke about the assessment, and how we go about and the goals that we set and they of...they spoke to us more about group work.Because they felt that individually, it would be a trust...you know it would be perhaps difficult for...	y3. not individual sessions: trust issues (possible)
42			
43			
44			
45			
46			
47			
48	C	Because we were for just a short...	

#	Sp	Text	Notes
1	D	...Short time.	
2	C	Kindof relatively short term.	
3-9	D	If we did have individual clients, by the time that we'd formed a trusting relationship, our process would probably be towards an end. Uhm...because we were there for so short, so we spoke about group work, what group work offers, how it work in terms of...we didn't get referrals or anything like that.	y4. staff did not give referrals
10	I	(Mmm).	
11-15	C	We, uhm, they asked if we could see groups, so that as many of the boys as possible could participate. So, anyway, then we ended up having three different groups with all of...that catered for all the...	y5. groups: to include maximum number of people
16	D	...age groups.	
17	C	Age groups. There were three groups.	}y6. group division: determined by students (and staff?)
18	I	Were these the only three groups that you had?	
19-20	D	Ja, we had a toddler group, or...it was really from, from three until eight.	
21	I	(Mmm)	
22-23	D	Uhm, and then we had from eleven...hey? (looking at C)	
24	C	Ten.	
25	D	Ten till fourteen and then fifteen to eighteen.	
26-31	C	But the two older groups were very...much semi-open groups, so uhm...there was quite a ??? boundaries with regards to those groups and some of the older boys were sometimes in the younger sessions and the younger boys in the older sessions and...	}y7. boundaries very fluid
32	D	(Mmm).	
33	C	Ja.	
34-37	D	And we sometimes had boys from the outside that weren't in the shelter. We weren't always sure what their place was, but they also attended group sessions...	
38-40	C	Ja and we also had, on one or two occasions big groups sessions with everybody, so more...between 20 and 30 kids.	y8 open sessions: merging groups
41	D	(Mmm)... all in one group, ja.	
42-44	I	(Mmm). OK. And uhm, were there, was it only the boys who attended or were there some of the staff members that also attended?	
45-51	D	Well, most of the sessions it was just the boys, uhm...we did invite, you know, we had had one careworker or ...not supervisor...guardian...like a guardian that lives there and his wife and...but other than that there aren't really other careworkers or any supervisors or anything. So, there was one session...hey? One session? (Looking at C)	
52	C	Ja.	
53-54	D	One session where we had involvement from them, but other than that, no.	y9 initial low staff involvement

1 2 3 4	I	OK. And then…how do you think these people…uhm, the boys and the guardians, experienced this process of setting up the music therapy programme?
5	C	Of setting it up or *of the process*?
6	I	The whole process.
7 8	C	They weren't really involved in the setting up as much, because we had worked through T.
9	I	(Mmm).
10 11 12 13 14	C	Uhm…and when we got there we kindof discussed with the head of the shelter, this guardian-person, like, uhm…what we were hoping to do and that sort of thing. Uhm, but at the beginning he wasn't really very interested, in what we were about…
15	D	(Mmm).
16 17	C	But I think throughout the process that changed phenomenonaly…
18	D	(Mmm). (Mmm).
19	C	…like that whole attitude changed.
20	I	Could you tell me a little bit more about that?
21 22 23 24 25 26 27 28 29 30	D	Well, I think he just started to just show more involvement, meaning, he came more to…to look. That was his first…he looked, he observed and after that he started to ask about reports, and what have we noticed, and then once or twice towards, it was really more the end, he would ask about certain individuals and we would comment quite often to him openly, without him sortof asking about it: we've seen this individual, he was quite shy in the beginning and…
31	C	(Mmm)…
32 33	D	…look what's happened and he would then comment on…you know…
34	I	(Mmm).
35	C	That he has noticed the same thing. Ja.
36 37 38 39	D	He's also noticed the same and so we wrote a report as well at the end, just a global report, uhm, and then I think, ja, the performance obviously was where they were really involved.
40	I	(Mmm).
41 42 43 44 45 46 47 48 49	D	And, uhm… the two sessions…or sessions beforehand, before the performance, he was quite involved in wanting to know "what are we going to do?" and how long is it going to be and where and what can he do. So I think the picture of the performance also grew along with the process, they didn't…we mentioned that we were going to have a performance and it sortof just lay dormant for quite a while…
50	I	(Mmm).
51 52 53	D	And I think it sparked towards the end, so he became more involved that way, and he wanted the choir to participate and…

Handwritten margin notes:

y9. initial low staff involvement

y10. staff's interest increased

y11. MT drew them out

y12. performance: highest staff involvement

Line	Speaker	Text	Notes
1 2	C	And ja, I mean, he also ended up participating in the concert without having said that he would…	y12. concert: highest staff
3	D	(Mmm).	
4	C	He kindof just spontaneously participated, so…	
5 6	D	And they did the welcome, and the thank yous at the end so…	
7	C	Yeah.	
8 9 10 11 12 13	I	I think we'll get back to the performance a little bit later on, if you don't mind, then we can just go from there…Uhm, as students working at this placement, what were some of your own needs?Uhm, going in there and setting up this new placement.And do you think there were ways that they were met.	
14 15	D	I think one of our needs was just space. My first idea was a need of…	X 32. student's need for boundaries
16	C	…just normal…	
17 18 19 20 21	D	…space you, besides uhm…and I think it was…I don't think it was difficult, we made do with what we had, but uhm…that could form part of involving anyone. But I think that was one of our first basic needs, was space.	
22	I	(Mmm).	
23 24	D	Uhm, it was met, in a way, because that was all we had. So we had to make do with what we had.	X30a. adapting to the context's space
25	C	(laughing)	X37. students no longer wanted physical space
26	I	Ja.	
27 28	D	…but we did then, towards the end, go outside and things like that.	x7a. flexibility of how/where music happens
29 30 31	C	Uhm…I think, like, at the beginning we…uh…in a way we sortof struggled to know where we fitted in…at the shelter…like in their day-to-day running…	X2. logistics
32	I	(Mmm).	
33	C	…of the place.	
34	I	(Mmm)?	
35 36 37 38 39	C	And because, like every week we went there it was a, almost like a completely different situation, you could never expect the same thing from week to week, even though we were working with the same children.	y13. unpredictability of the context
40	I	(Mmm).	
41 42 43 44 45	C	…from week to week, or usually, the same…or core, you know like, core members. Uhm…and that, but I think like once, ja, once we sortof, or maybe this is just me, but once I stopped trying to focus on that…	
46	D	Ja. Ja.	
47	C	…and to fit in on…whatever…	y14. students felt like outsiders: linked to trust issues
48	I	(Mmm).	
49 50 51	C	Like, that's when we really started, I think to integrate *and* I think, in retrospect, that that issue was an issue of trust…	
52	D	Yes.	

Page Y4

1	C	...between us and the boys, because they've
2		obviously had a lot of adults in their life that
3		disappointed them...
4	I	(Mmm).
5	C	...and that they haven't trusted, so trust is a...a
6		*huge* thing, like I, I didn't realise how big a thing it
7		would be for them...
8	D	(Mmm). Ja.
9	C	And it took, I mean, a good four, five weeks just to
10		even let down their barriers.
11	D	(Mmm).
12	C	...in a way, so...
13	I	(Mmm). Uhm...
14	I	Did what you know about Community Music
15		Therapy influence how you thought about your work
16		at this placement? (Silence) And how?
17	C	Not at the beginning.
18	D	Not at the beginning.
19		(Laugh)
20	C	No.
21	D	We didn't really *know* much about it.
22	I	Yes?
23	D	But I think what for me was interesting, is that my
24		mindset already knowing that it was a different
25		culture group...
26	C	(Mmm)...
27	D	...went in with a case of: "I need to find out what
28		*their* music is". I just had this whole different
29		approach and I think that fitted in, you know...
30	C	(Mmm)...
31	D	...looking back, towards maybe Community Music
32		Therapy, and you didn't come in with all
33		these...*ideas*...and it all came from
34		them...although it was very therapist-driven, it all
35		came from them. I think towards the end, obviously,
36		more Community Music Therapy ideas helped, but
37		in the beginning...not for me.
38	C	But I think, also, uhm...like, I don't even know if
39		there would, if there's a difference between
40		conventional or community sortof... at a place like
41		that.
42	I	(Mmm).
43	C	Because you, uhm...you have to be more...like your
44		boundaries in your sessions, like, you don't have a
45		choice, they are just more fluid, because of the
46		setting.
47	I	(Mmm).
48	C	So, in a way, I don't know how you would have very
49		strict boundaries to sessions.
50	D	(Mmm).
51	C	...at a place like that. Ja, so...
52	I	Uhm, were there, you referred to some *ideas* from
53		Community Music Therapy. Would you say there
54		were a few things about Community Music Therapy
55		that you had a feeling of "This is something I could
56		work with here"?

Handwritten annotations:

} Y15. building a trust relationship took time

} Y16. CoMT initially no influence

X50. context-specific MT

Y17. CoMT ideas helped later on

X36. CoMT & MT not separate

Y7. boundaries very fluid

Line	Spkr	Text	Annotation
1	D	Uhm... not like particularly. It wasn't just one specific	y19a. CoMT partly applicable
2		thing that I could think of. I think for me, uhm...it was	
3		hard in terms of boundaries, as C said. I don't think	
4		that to me felt very Community Music Therapy. It	y19b. CoMT partly applicable: not open space / open groups x
5		wasn't as if we made open space music with	
6		everyone from outside involved. So, I felt there it	
7		was a little bit "conventional". But something like,	y19c. CoMT partly applicable: performance ✓
8		just the way that they started writing about	
9		performance. Or started writing about... I think that	X33. identifying with CoMT literature
10		made me think differently.	
11	I	(Mmm)...	
12	D	And sessions where we didn't have "sessions", and	y20. unconventional sessions: practising for performance
13		we started just practising for the performance, and	
14		realising that had value, without thinking of a hello	
15		greet, or a start and an end...	
16	I	(Mmm)...	
17	D	And having open sessions where we just...	y21. open sessions due to limited numbers.
18	C	(Mmm)...	
19	D	..."well this is the context of the work we're in" and	
20		we *were supervised*, we were supposed to have	
21		three groups, there weren't enough children, so we	
22		combined the group. And just thinking about it	
23		differently.	
24	I	(Mmm).	
25	D	But I don't know if I specifically drew on elements, it	
26		just happened. I think looking back, ja.	
27	I	Uhm, then, I think I just want to ask you if you learnt	
28		anything about music therapy while working here?	
29	C	Uhm, I think the biggest, ag, or, ja, maybe the	X7a. flexibility of how/where music happens.
30		biggest thing for me, is just how adaptable it is.	
31		Like, it doesn't... seem to matter what context you're	X50. context-specific MT
32		in.	
33	I	Ja.	
34	C	It, it's...you kindof, you adapt your practice and you	
35		still are able to work, I think, in a really powerful	
36		way. Uhm, and I'm not sure that another therapy or	
37		another...I don't know, sortof less creative way	
38		maybe, would have tapped into the boys'...as much	
39		as...like, how we worked, did, you know?	
40	I	(Mmm). Ja.	
41	C	I mean, I think, (Mmm)...I think it offered something	X50. context-specific MT
42		completely unique...uhm, ja for them and for their	
43		situation, for their context, for their age, the different	
44		age groups. Uhm, and really drawing them out of	y11. MT drew them out
45		themselves, uhm...ja. And just, I think...ja...that's	
46		music therapy's uniqueness...	
47	I	(Mmm).	
48	C	...in a way. That adaptability.	

1	I	You speak now about "drawing them out" and all	
2		kinds of things that you experienced from the boys'	
3		side. Uhm, in general, what would you say was your	
4		high point of working at this placement?	
5	D	(After a short silence) I think for me, one of the…ag,	
6		I think that there were, for me, a few high points…	
7	C	Ja, quite a, quite a…(laughing)	
8	D	So, OK. But something that stands out, uhm…is	y22. MT brought connected-ness
9		noticing…you know, <u>when we first got there</u> and we	
10		established who we were and who they were, got	
11		the sense of: "There's a few individuals here, in a	
12		group setting, but there was no sense of, they didn't	
13		even know what language he spoke.	
14	C	(Mmm).	
15	D	So, if you asked, needed a translation, or…there	
16		was no, no sense of knowing who each other was	
17		and <u>towards the end, I got this great sense of</u>	
18		<u>connectedness.</u>	
19	C	(Mmm).	y11. music drew them out
20	D	And, I think, through that…<u>individuals and their</u>	
21		<u>personality became so evident.</u> I mean, in the	
22		beginning it was just…no one really showed who	
23		they were, it was just, if you asked them, they would	
24		tell you, but there was no spark, no liveliness, no…	
25		And…there were <u>certain individuals who were</u>	y24 shyness replaced by humour and leadership
26		<u>obviously, were quite reserved in the beginning, and</u>	
27		<u>towards the end…were these leaders…</u>	
28	C	(Mmm).	
29	D	…<u>and so creative and funny, you know?</u> They would	
30		make jokes in front of the group and completely	
31		different to what they were before, and that's	
32		something to me that really stood out. And the way	
33		that…that you could see what it had done for	
34		them. And uhm…	y23. boys' growing self-confidence
35	C	Like really <u>confidence-boosting</u>…	
36	D	Gee…Ja.	
37	C	Self-esteem…	
38	D	Yes.	
39	C	Those sort of things is, I think, where we saw the	
40		biggest…	
41	D	(Mmm).	
42	C	And that was also like, it's hard to pick out the	
43		highest moment, because that was the *process*.	
44	D	Ja.	
45	C	So…it was…and I think…for me	
46		specifically…the…<u>maybe one of the highest, high</u>	y25. concert was a highlight
47		<u>points was the concert…</u>	
48	D	The concert, yes.	
49	C	That went really…you just…<u>I think *that* is where it</u>	y26. student saw value of work in concert
50		<u>finally clicked for me, what the work had meant…</u>	

1	D	Yes.
2	I	Yes?
3 4 5	C	…in a way…uhm…and also our last sessions where we spoke to the boys…
5	D	(Mmm).
6 7 8	C	…that was after the concert that…where they spoke about… …what it meant to them, ja, the whole process and the concert specifically, actually.
9 10	C	Ja, (Mmm). And I think, ja, I think that was definitely a high point.
11 12 13	I	(Mmm). What was your thinking around organizing a performance? (Silence) What…what did you think about while you were doing it?
14 15 16 17 18 19 20 21 22 23 24 25 26	D	I think…well, one of my initial thoughts was just what talent we…I…we…I don't know if I assumed that there would be some "musical-ness", ability, you know…(laugh)…in them and there would be a…someone who liked to write, someone who liked to be a drama…we…I don't know…and to just see what would come out from the group. And to encourage them to be creative and to find talent within themselves, sortof. That was our…and we wanted to…our initial thought was to perhaps do something like a…A Capella group. And, in a way, give them a skill by going through a process of practising…
27	C	Ja.
28 29 30 31 32 33	D	…and teaching. And when we had auditions (looks at C and laughs)…we realised it was probably not going to work. So…but the idea was still similar, in terms of still giving them that creativity or whatever, but a lot more came from them. We didn't teach them anything.
34	C	(Mmm).
35 36	D	Uhm…they brought ideas themselves. That was our initial thinking.
37 38 39 40	C	(Mmm). Uhm… And I think like…as sortof…as we also went through the process of working there our ideas about kindof…I wouldn't say they changed, but they maybe also just…
41	D	…moulded.
42 43 44 45 46 47 48 49 50 51 52	C	Ja…or became more defined, in a way. Uhm, and I think, like, closer to the time, because the concert was right at the end of our work, closer to the time we…I think we started to realise, like, it was a space for them to really showcase themselves…within their community, because, and we decided to have the concert outside, uhm…and because of the…sortof the…geographical layout of the place, it just…it worked out that, like, loads of people from the community could come actually see the concert and…
53	I	(Mmm).

Y27. boys reported value of concert for them

Y28. initial thinking: skills-centered performance

Y29. concert goal: opportunity to contribute

→ Y28. initial thinking: skills-centered performance

(learning from)

✗30. adapting to the context

Y29. concert: opportunity to contribute

Y30. adapting to & learning from the context

Y31. "showcasing themselves": being seen differently

➤ X70. Flexibility of where/how music happens

Y32. audience: community involvement

1	C	...that's exactly what happened.
2	D	(Mmm). The onlookers and the people walking by.
3	C	Yes.
4	D	And I think so many of the boys spoke about, like,
5		what they could, not...I don't think *give back*, but
6		that they would be seen, you know.
7	C	(Mmm).
8	D	...and just the fact that the community saw them, I
9		think that also...
10	C	(...that they have lives as well???) you know, not...
11	D	...made me realise... ...these little shelter boys or...
12	C	...little shelter boys, who...you know...don't have
13		anything, really. And they were, kindof, providing
14		entertainment, and they were kindof, ja...they were
15		just shining.
16	D	Ja. (Mmm).
17	I	(Mmm). Uhm, could you tell me maybe a little bit
18		about maybe some of your lower points that you
19		experienced at this placement? I can see that it was
20		something positive for you, but I'm sure there were
21		some troubles as well...
22	D	(Mmm). (Silence)
23	C	Like, I, I had a...the middle group. The ten to
24		fourteen, fifteen year olds, uhm...and I think it
25		was...they were quite a tricky age to with. I think
26		generally that age group of kids is probably
27		dif...they are at a difficult stage anyway.Uhm...and
28		they were...it was just...it was difficult to kindof
29		really figure out where to meet them...uhm...and
30		that...I won't say it was a low point...it was
31		maybe...it was more difficult for me.Uhm...in...ja,
32		just trying to understand how exactly to work with
33		them.
34	I	(Mmm).
35	D	Uhm...ja, it's hard actually to think of a *low* point. I
36		think...I think one of the lowest moments for me
37		was...you know, towards the middle of our work,
38		perhaps, with my group specifically, the older
39		boys...was realising what music therapy meant to
40		them or what that space meant for them and trying
41		to tell them "No, it was going to be over".
42	C	(Mmm).
43	D	...and although that's part of the process, I think
44		because it...because *they* invested so much time
45		and energy and everything of *themselves*...
46	C	Ja...
47	D	...into it and I think it really meant something for
48		them, the fact that is was going to be finished, I
49		think...it was a low point for me.
50	I	(Mmm)?
51	D	Just knowing that it had to end.
52	C	Uhm, ja, especially because they did trust...

Handwritten annotations (right margin):

y32. "showcasing themselves": being seen differently

y33a. different experience of themselves

y33b. not different from other placements: population group

y34. ending was difficult

1	D	Yes.
2	C	They did do all of those things…uhm…it was also
3		for me quite hard.
4	D	(Mmm).
5	I	(Mmm)…Now if you were to, either go back and
6		change something about the work, or were able to
7		continue working there, what are some of the things
8		that you would think about?
9		(Silence)
10	D	I still wonder, perhaps, of doing more…if I had to go
11		back?
12	I	(Mmm).
13	D	Maybe doing a lot more open…groups. Uhm…I
14		think in the process, even though I did think about it,
15		I perhaps didn't see it in the same way, looking
16		back on it now.
17	C	(Mmm).
18	D	But, maybe just one or two more, you know, and I
19		think just for them to do something as a…as a
20		shelter. As that…you know…that their…you know
21		as their home, you know, to do something
22		together…from young…uhm…I think it was… I still
23		like the fact that we worked in groups, but I think
24		now that they…we worked on sortof different goals
25		with each group, and now they've all formed…
26	C	(Mmm). I think…I think in a way how we started
27		working…we almost needed to start there. Uhm,
28		but I think like, had we continued working there,
29		even for another month or two, like not even
30		necessarily for a year or…
31	D	Ja.
32	C	…something, we would have maybe then started to
33		integrate co…or like, more open groups…
34	D	Yes.
35	C	…maybe outside. Get people…get more people in
36		from the streets…
37	D	(Mmm).
38	C	…of the community, that sort of thing…the
39		surrounding community.
40	D	(Mmm).
41	C	But in a way, I think if we'd *started* there, I don't
42		think…
43	D	…we wouldn't have had the same process.
44	C	…we wouldn't have had the same process,
45		because we almost…ja, we needed to establish
46		those trust…
47	D	(Mmm)
48	I	…trust relationships…
49	C	…trust relationships first,
50	D	…and I think they've never had…they've only had
51		people, it seems like…coming in for, like, a day….
52	I	(Mmm).

Y15. building trust relation-
ship took time

Y35. in retrospect: more
open groups.

Y36. MT could involve entire
shelter (ideally)

Y37. division into groups was
necessary: unique goals.

Y35. in retrospect: more open
groups

Y38 boys first, then communi-
ty.

1	D	...doing a art or...workshop or something with them
2		for a day and then they leave. So, they don't have
3		something where it's long term. They move
4		their...from schools, it seems, quite often.
5	C	(Mmm).
6	D	So they don't even have a security in knowing that
7		they have the same school for the year.
8	I	(Mmm).
9	D	So I think, for them...just for us to have said, just to
10		reassure them that 'we will be here", I think, yes,
11		and because they then started becoming more
12		creative and realising their own potential, I think
13		_then_ it went to carry on doing things with the greater
14		community.
15	C	(Mmm). (Mmm).
16	D	I think that would have just served such a great
17		purpose.
18	I	Do you think you would...uhm...have kept the...the
19		smaller groups as you've added bigger groups and
20		more open groups as well?
21	D	(Mmm).
	C	
22	D	Possibly.
23	C	I think that we've had enough...extend our working
24		hours there, you also, you know, in that way still see
25		the boys, just "the boys" and then also have groups
26		outside of the shelter.
27	D	But one thing that was quite strange though, is I
28		wonder how much _they_ would have allowed it...
29	I	(Mmm)?
30	D	Uhm...the older boys specifically, became
31		quite...possessive? Or not, uhm..."this is their
32		time", so we would...Carol would have her group
33		and then it would be the older boys and...and..._we_
34		_never_ minded if there were other people, we would
35		just start.
36	C	(Mmm).
37	D	...and they would walk in and say: "Out. It's our
38		time." And it's not "Out", because it's their sitting
39		room, but that space that we had made, they
40		wanted for themselves.
41	I	(Mmm).
42	D	And when we _did_ have open groups, we had to
43		explain that "Be free, we're going to combine
44		this...we're both together and that...", you could see
45		at first that, I don't know, I felt a bit of "Why?", you
46		know.
47	C	(Laughing) Ja.
48	D	And then it was fine, the sessions continued...
49	C	(Mmm).
50	D	...and that's why I think it would be nice to do it, but
51		I just wonder what _their_ perception would have
52		been of knowing, I think they really took ownership
53		of the group session, so...
54	I	(Mmm).

Handwritten margin notes:

Y39 student observing boys' needs

Y38 boys first, then community

Y7. boundaries very fluid

in retrospect:
Y40 open groups could lead to less ownership.

1		It's something that comes up quite a lot, is the word "space". And, uhm, I remember when I talked to some of the other people as well, and…how did you…your thinking around space made a change while working here, at this placement? (Silence)Do you think it was different from other placements?(Silence. Someone sighs)
2		
3		
4		
5		
6		
7		
8	C	I don't really know.
9	D	I don't think it was different… or (Silence)
10	C	I, I, I don't know, I didn't…uhm maybe in the process that we were in it was fine… I think it was literally, there was only that space where we could do sessions.
11		
12		
13		
14	I	Ja.
15	C	It's not like we had another choice of another room or whatever…
16		
17	I	(Mmm).
18	C	It was literally only there….uhm…
19	I	Just working with what you have…
20	C	Ja.
21	D	We adapted.
22	C	You kindof just had to adapt.
23	D	Ja.
24	C	And in a way…I think…I don't know, maybe because we were in the situation, it didn't even really feel like an adaptation.
25		
26		
27	I	(Mmm).
28	D	No.
29	C	You know what I mean? It was just…"Oh, this is where we're going to work"
30		
31	D	…where we're going to work. So…yes.
32	C	Ja. There was only like…I remember like the first time that I actually though "Oh, OK, this *is* maybe not such a conventional space" was when I…in a *supervision* session, someone asked "Who are those people that are wandering around?" Ja…I hadn't even really noticed…
33		
34		
35		
36		
37		
38	D	Ja…wasn't it in class?
39	C	Ja, it was in class.
40	I	(Laugh)
41	C	And basically, you are so used to people walking in and out of the room…
42		
43	I	(Mmm)…
44	C	Like because it's their sitting room, that is where, you know, they…it's their only…
45		
46	D	(Mmm)…
47	C	…only communal space for them at the shelter. They can't hang out in their bedrooms or whatever.
48		
49	I	(Mmm).
50	D	And I wonder how much just knowing that there wasn't a door, wasn't it…it wasn't a *mental* shift that we had to make…
51		
52		
53	C	(Mmm).
54	D	…but I couldn't close the door.

Handwritten margin notes:

y37. students no longer wanted physical space (adapted')

y41. different from other placements: space: open door

y42. supervision addressed "space"

y43. music in communal space

y41. different from other placements space – open door

1	C	(Mmm).
2	D	So…I didn't close the door. So that was the space.
3	I	Ja. (giggle)
4 5 6	D	Whereas, at Weskoppies, for example, I *can* close the door, so if someone opens the door, I perhaps think "Oh! No. Music space". But there…
7	I	(Mmm).
8 9 10	C	And also because it's like…it's quite a small place, the…I mean the people that aren't even in the room would have been part of the process in that they…
11	D	…in that they could hear it. Yes.
12	C DI	Ja… So… (Mmm).
13 14 15 16 17 18	I	Just on that note as well, do you…if you have to compare your work at this placement with work at other placements, what are some of the differences and some of the similarities, would you say? (Silence) It's a bit…a bit broad, but if you were to think…
19 20 21 22 23	C	I think that maybe the difference, uhm…sort of musically, we had to be on our toes, because uhm…they…they obviously connect quite a bit with music. Uhm…and…how…they didn't have a pathology, so they weren't…
24	D	High-functioning…
25 26 27 28 29	C	So they were…ja…they were very high-functioning, normal…normal! (laughs) I mean they obviously had like the emotional, emotional and social side of things, but as far as like, you know, they didn't have autism, or, you know, something like that.
30	I	(Mmm).
31 32 33	C	So, uhm…really just making the music age-appropriate and their…you know, because their…it had to appeal to…
34	D	…appeal to…
35	C	…appeal to them, ja.
36 37 38 39 40	D	And in a way make it exciting for them. You know, you can't just, I think we have realised that so much more, that we had to be alert and things, and I think one thing that I also noticed was it's quite hard to pick up on everything that happens.
41	C	(Mmm).

Handwritten annotations:

y41. different from other placements: open door

X5c. music permeates

y44. different from other placements: higher functioning

student
y45. learning to be alert

Page Y13

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1 2 3 4 5 6 7 8 9	D	You're so busy sometimes focusing on something here and actually you could be looking...you know what I mean? <u>To really just forget about what you have to do or what you think you should be doing, and to just watch...they'll give you things and you just...I think that, to me, was more...was one of the biggest shifts, you know</u>? They're so giving and so...awake and so...and I think that's different to the placements we've been at.
10	I	(Mmm).
11 12	D	So, that effected the way we had to think and be and...
13	I	(Mmm).
14 15 16 17	C	Ja, but similar...(silence)...uhm...I don't want to say "problems", but like similar...sortof...uhm...issues came up. So, like with group cohesion, uhm...ja...I don't know how to say what I want to say...
18	D	(Mmm)... (thinking)
19 20 21	C	Like, basically, even though they not, say, have a pathology or something like that, they, I think, they still benefited from having music therapy,
22	I	(Mmm)
23 24 25	C	...so it was maybe in different areas, but there were definitely similarities between them and some of the other populations.
26 27 28	I	(Mmm). Same types of things and same types of situations. And your thinking? You've learnt...you could apply this?
29 30 31 32 33 34 35 36	D	Ja, no, definitely. Ja, so I don't think the mindshift was so differ...I mean... I think there were moments...of shifting...and I think, like for me with the older boys, I mean, they're like, that they...it's quite hard being a...woman...sim...not more...slightly older than them, but technically their age, and <u>coming in and expecting them to make music</u>....you know what I mean?
	I	(Mmm).
37 38 39 40 41	D	And that was, I think, nice, about just wanting them to teach me and the whole time providing opportunities for them to teach me...and that, in actual fact, <u>we taught each other...we learned from each other...</u>
42	I	Ja.
43 44 45	D	And I think that...that was something *different*, but yet also similar to other places, it just depends on your client group.
46	C	(Mmm).
47 48	D	You know, they were...able to do that. So I think their ability made it different, yet, ja, similar.
49	I	That's interesting.
50 51	I	What, would you say, did you learn about *yourself* through working at this placement?
52	D	I learned to think on my feet... (giggle)

Handwritten margin notes:
430. learning from the context

446. difficulty explaining MT to clients

447. two-way learning process

1	C	(giggle) Ja.
2	D	...a lot more than I've been able to and to...go with
3		the music. And to...not be afraid of trying
4		something, that if it doesn't work, well, try
5		something else, you know or...ja, that's something I
6		learned about myself. <u>To be a lot freer with the</u>
7		<u>music, and to let it go on for a little bit longer and</u>
8		<u>not wanting to change it all the time.</u>
9	I	And you were able to that?
10	D	Ja, I think that also was a process, I mean, that took
11		me quite a while to just...(talking sternly to herself):
12		"OK, they've now initiated something, you do not
13		have to take control of it now!" and, I think, ja, that
14		was definitely a process.Ja, but I think, also wanting
15		them the whole time to do something and then I
16		think we just found a common ground somewhere
17		in the middle.And towards the end of the sessions
18		how I became one of them and they led the
19		sessions and I think that's because <u>there was an</u>
20		<u>equality, sortof, eventually established.There wasn't</u>
21		<u>this teacher-group role</u> or...
22	I	Ja.
23	D	Which I think sometimes *can* be tricky, especially
24		with them being high-functioning or you know, they
25		want boundaries, because they're quite boisterous
26		or very active, but ja.
27	I	And you? (looking at C)
28	C	Uhm, I think, for me...my...what I learned was in a
29		way, completely different and we, we actually
30		laughed about it...
31	D	(Mmm).
32	C	Because, I think, out of the two of us, I may be the
33		more spontaneous one, and S is the more
34		structured one...
35	I	(Mmm)...
36	C	And S got the spontaneous group and I got the
37		group that needed more structure.
38	D	(more structure)
39	CI	Laughing
	D	
40	C	So, I think, for me, I just had to...uhm...in a way
41		become comfortable with being more directive.
42	I	(Mmm)...
43	C	And that was quite difficult at times, I sometimes
44		wanted to like "they must give me something now!"
45		like...I'm tired of...or not *tired* of...I was just like
46		always like giving the...
47	D	She did have to direct really a lot more than what I
48		had to.

Handwritten margin notes:

Y54. students learning to be less directive

Y48. equality in music

Y49. students' learning differed

1	C	Really a lot!Uhm, but I think, again, <u>it was valuable, because I had to just...ja, I had to learn to work with</u> <u>what was in front of me,</u> instead of just wishing that <u>they would be spontaneous,</u> I had to...ja.And I think, I think, like little glimpses started to show...of spontaneity and then started to show kindof near the end of the process.I think, if we had carried on, I would have been able to be less directive and that sort of thing...so...	X50. context-specific MT
2			
3			
4			
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8			
9			
10	D	Ja.	
11	I	That's interesting!	
12	C	(Mmm)...very!	
13	D	Ja, we often spoke about the differences.	
14	C	(Mmm), ja.	
15	I	Uhm, is there anything in the...training about Community Music Therapy that you would add? Thinking back on your work here...	
16			
17			
18	C	Like, maybe do some of it during your first year.	
19	I	(Mmm)?	
20	C	So that...	
21	D	Ja.	
22	C	Uhm...like <u>in a way it is nice doing theory as you're</u> <u>doing the practical...but..</u>and I supposed I could have gone and read up about stuff if I really wanted to know and asked them.And I also didn't have this huge idea of what Community Music Therapy was before I started working.And in a way maybe that's good, because I mean, you kindof don't go in with any preconceived ideas...	Y50. CoMT theory during community placement : useful
23			
24			
25			
26			
27			
28			
29			
30	I	(Mmm)...	
31	C	But maybe, ja...	
32	D	(Mmm).(Silence)<u>I think it would have been helpful to</u> <u>maybe have had something in first year.Just</u> <u>to...just to...base something on...</u>	X55. CoMT theory earlier
33			
34			
35	I	(Mmm)?	
36	C	Just to know this is what this...	
37	D	Ja, I think, strangely enough <u>I think the theory...I</u> <u>wouldn't have probably understood it unless I'd</u> <u>been there.</u>	Y51. experience brought more understanding than reading
38			
39			
40	C	(Mmm).	
41	D	You know what I mean? *But* what would have...but it's strange...I think because Community Music Therapy is not just, I don't find it a discipline on its own...uhm...<u>some of the thinking could have</u> <u>actually helped some of my other work last year.</u> Even though it wasn't "claimed" to be comm....ag...Community Music Therapy.	Y52. CoMT also applicable to other (previous) placements.
42			
43			
44			
45			
46			
47			
48	C	(Mmm).	
49	I	Ja.	

1 2 3 4	D	I worked in a hospital, that had mothers, nurses, whatever…and the whole time we kept talking about it, dynamics…but no one ever sparked…because it wasn't part of the syllabus…
5	I	(Mmm)…
6 7 8 9 10 11 12 13 14 15	D	…and I just think, perhaps then it would have really informed some of my thinking and I know that now. Then I knew noth…know better. But just to think about it in a completely different light…the whole time I presented: "Yes, but what about the nurses and the greater…", I'm going: Heh?Well, not I'm…you know that…you understand?I think especially I felt part of it…I was part of it…but I didn't really…I knew that as conventional music therapy…
16	I	(Mmm).
17	D	And actually, it's not. Well it's… You know… So…
18	C	Ja, I mean there isn't this…
19 20 21 22	D	It's not separate, but I think it would have informed a lot of my thinking *much* differently to what I…ja. If I could go back then it would have been a lot of things I would have done differently.
23	C	(Mmm). Ja.
24 25 26	I	That's interesting.Now, I think we've covered most of the things.Is there anything that you would like to add about your work at this placement?(silence)
27 28	D	I think it was a good experience for us to learn to negotiate something and…
29	C	(Mmm)
30	D	..I think for working, for ourselves.
31 32 33	C	You know, I think for post…for post-training, to kindof make the contacts and I think, uhm…ja I was…to also have the financial know-how.
34	D	Ja
35 36	C	We *are* hoping to do a proposal uhm…for funding for S to work their next year.
37	I	(Mmm).
38 39 40 41 42	C	So, ja, the plans are kindof there…for ongoing work there and I think also, it just confirmed that there's…ja…even within…sortof…a black culture, or whatever…that I think there still is a place for something like this.
43	D	(Mmm).
44 45 46 47	C	Specifically involving community, and building all of those things that are *not* really found in communities anymore. Silence
48	I	(Mmm). Thank you very much.
49	C D	Pleasure.

Handwritten margin notes:

?Y53. using CoMT principles without labelling it as such (previously)

X36. CoMT +MT not separate

Y54. student learnt to negotiate

X41. overcoming cultural differences through music

		Sentence	Code
1 2 3	I	Interview 3. Alright, let's jump right in. Could you please tell me about your experience of setting up this community placement at Z?	
4 5 6 7	F	It wasn't very difficult, actually. It was…they were quite eager to have us and I think we actually started and uhm…you actually spoke to them, so… (turning to E)	X3. staff support
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	E	Ja, uhm…we actually didn't know…we knew we wanted to mentally handicapped people, but we didn't know what placements were available in Pretoria.So we went on a search on the Internet…and so on and then we found Z and I contacted them via e-mail.And uhm…they said they're quite eager.Uhm…I don't think they were a 100% sure about what music therapy was, but they had and idea, because one of the ladies working there, uhm…knows the music therapist at Q, so she had an idea of what music therapy was.We set up an interview with them, sortof just to tell them what music therapy is about and what we would be doing there.They were very eager for us, uhm…they even said we must come twice a week (laugh)(Everyone laughs)	X19. staff uninformed about MT
24 25 26 27 28 29	E	It is a bit…much, uhm…but they were, they were very uhm…open and uhm…to our suggestions and eager to also help us when we needed help and it was quite easy to set it up at the beginning.Uhm…what we just found is, once we started, I don't know if you also…(looking at F)	X3. staff support
30 31 32 33 34 35 36 37	F E	Yes…if you're thinking about that (laugh). Uhm..was…we had an issue with boundaries, sortof, uhm… It…in the beginning, you know, the people came at their set times and…you know…we had different groups, uhm…but later on, you know, they forgot when they had to come, or one or two would trickle in and they would go for their nails and so on…	X31.disregard of physical space X32. student need for boundaries Z1. clients forgot session times.
38 39	F	So, it wasn't such an im…well it didn't seem like we were very…important, to put it way, you know?	Z2. students weren't taken seriously
40	I	(Mmm).	
41	F	It didn't seem like…they took us seriously. So…	
42 43	E	Because the residents enjoyed it, it wasn't like, a thing like, they had to be there…	
44	F	Yes…	
45	I	OK, so it was almost like a commitment?	
46	FE	(Mmm).	

1	I	Uhm…you said that you spoke to the…the staff about what you were going to do there and that they…liked your ideas. What were some of your ideas? What did you tell them? What were you going to do?
6	F	Actually, that was a bit…because we were a bit messed up in the beginning. We said, uhm…<u>first of all we wanted to take some individuals</u>…
9	I	(Mmm)?
10	F	And then (laugh)…then we wanted to take a group like we usually do in our normal placements, uhm…but then we realised, "No, <u>we're not going to get enough of the community"</u>.
14	I	(Mmm).
15	F	So, after, I think…we didn't take any individuals, but we said in the very first meeting that we had that we would and then uhm…we spoke to them after the first week and we're like "No, listen, we're actually going to take…"
20	E	Groups.
21	F	…more groups. <u>We started with one group</u>, was it one or was it two? (looking at E)
23	E	Ja, it was the…<u>we started with one group</u>…they were <u>more higher functioning members</u> and uhm…then <u>they wanted us to also take a staff group</u>, so…
27	F	Yes…
28	E	…there also was a <u>staff group</u> and…but they <u>referred people who were quite musical, who sung in the choir and liked music</u>…
31	F	(Mmm)…
32	E	…so that was their idea of who would benefit from music therapy. Even though we said anybody's welcome. Then only later on, uhm…especially after we did the <u>group supervision </u>here, we were like…you know <u>we wanted to include more of the</u> community, so we asked them for a lower functioning group. They were a bit sceptic in the beginning,
40	F	Ja…
41	E	…giving us some of the members, because <u>they thought that these members won't be able to do anything,</u> but they were actually one of our nicest groups…and we also had an open group. But I think their idea of the open group was a bit…foggy…
47	F	Foggy, ja.
48	E	Because they thought they had to send us the same…similar people each week. We told them,you know, anybody's welcome, even the staff, so later on I think they got the idea that anybody can join…
53	F	(Mmm).

(students)
Z3. initially wanted to do individual sessions

45. groups: maximum number of people

46. group division by students & staff.

Z4. staff group (suggested by staff)

Z5. initial referral of "musical" residents.

Z6. including more of community (after supervision)

Z7. MT overcoming perceived inability of lower-functioning residents.

Z8. staff realizing: MT is for everyone

1 2 3 4 5 6 7	I	Could you tell me more about how you think…uhm…the people at the place experienced this process of setting up the placement and just you working there? Uhm, as you said now, that later on they…they changed. What do you think some of their ideas were and did your work there change it? (Silence)
8 9 10 11 12 13 14 15 16	F	Well, if I think about it, if I'm just…I'm just speaking about the…more heads of the…placement there, but uhm…in the beginning <u>I think they though it was just…music, you know?</u> That it's not music therapy…they knew it as music therapy, but didn't really know what it was about…Because I know that, on our very last day, and I actually wanted to tell you that was my high point…that I actually wanted to tell you…
17	I	(Mmm)?
18 19 20	F	But…<u>on the very last day, we had a…a big improvisation with almost…quite a few residents that had never been for any group</u>…
21	E	Ja, there were many…
22 23 24 25 26 27 28 29 30 31 32	F	…or anything and uhm…one of the housemothers or heads (I don't know what she actually is), she came to me and she said uhm… "Listen, can you please let this one resident play, because he never does anything and now all he wants to do is play on the drum" And he went for a few times and she actually…she got tears in her eyes and she said <u>"He's actually doing something"</u> and so that was. I think <u>she actually realised</u> then "Oh, wait", you know? <u>"Music therapy can…actually help"</u>, but it was our very last day.
33	I	(Laugh) OK.
34 35	F	So…I think that's one of the things. I don't know, the residents…
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	E	Ja, that was also one of my…my high points, the…the last day and <u>I think on that day there was just a sense of community because everybody is together</u> and the staff could see them, the residents, in a different light. They could see that music therapy offered something that's valuable. I, I think earlier as well, some of the staff…because there was one staff member that came to me and she said uhm…"This music therapy is lovely", and uhm…her residents, sortof staying in her house, she's one of the housemothers, uhm… it was G, she said "G is coming out of her shell and uhm…she's really opening up and you can see her starting to blossom and" you know? This is really…from the music.
51	I	(Mmm).

Handwritten annotations (right margin):

x27 questioning therapeutic value (students & staff)

x8b. public space enables access for all

29. MT enticing the unwilling

x18. staff (pleasantly) surprised by MT's effects

z10. open group: sense of community and togetherness

z31. "showcasing themselves" being seen differently

z11. staff's positive feedback about MT's effects.

1	E	It happened from the music, so I think some of the house mothers realised that the music therapy had something else to offer.So I think it started to, sortof, creep in and uhm…even at the concert, uhm…some of the staff told…well not all of them could hear, but those that could…hear (laugh)(Everyone laughs)…it was great for them to see the residents sortof doing something…successfully and having an experience of contributing and so on…	
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8			
9			**✗31** Concert: opportunity to contribute.
10			
11	I	Can you tell me a little bit more about the concert?	**y33a** concert: different experience of themselves
12	F	(Says something????) (Laugh) It took a lot of preparation, but uhm…where to begin? (Everyone laughs)	
13			
14			
15	E	Well, the concert was…we knew we wanted to do a concert at the fete, because from the beginning, they said they had a fete, ja…it might be a nice idea to do something there, so we thought: a concert. It was very vague, what we going to do, and only came together…	**Z12.** adapting MT to context's event.
16			
17			
18			
19			
20			
21	F	I actually…	
22	E	…about a… month before the time.	
23	F	Yes, before the concert.	
24	E	And it was difficult to…negotiate how we were going to…do the items and to…who would con…do what and we also wanted group members to contribute, but we had to really…	
25			
26			
27			
28	F	Help?	**✗61** student's role: guiding
29	E	…help them a lot to get ideas from them. But it sortof just fell into place, but we had to practice a lot with them, especially with the one lower functioning group….	
30			
31			**Z13.** concert was hard work.
32			
33	F	Yes.	
34	E	…because they…you know they really struggled in the beginning to remember everything. But we just, by the concert, we really felt…I think…quite comfortable with what we had and I think the residents really enjoyed it, because at the practices they always said: "Oh, I'm going to play at the fete…"	
35			
36			
37			
38			**Z14.** residents' pride in participating in the concert
39			
40			
41	F	(Giggle)	
42	E	"…and my parents are coming to watch and my friends…" and ja… "It's going to be so nice" so they really looked forward to it. I think some of them were a bit anxious, especially on the day…	
43			
44			**Z15.** concert: slightly anxiety-provoking for residents
45			
46	F	(Mmm)…	
47	E	We hoped it would go alright and so on, but they…I think they really enjoyed it.	
48			
49	F	(Mmm). Actually on the day of the concert, I think the…one of the nicest things that happened there was the audience actually started…joining in.	
50			
51			**y32.** audience: community involvement.
52	I	(Mmm)…	

1	F	And I think that also gave the residents a sense of
2		achievement, because they just...they seemed to
3		just relish in the...the...you know, this attention
4		from everyone.
5	I	Ja.
6	F	That was really lovely.
7	I	Uhm...so was it...was it your idea to have the
8		concert or did it come from the staff?
9	F	Our idea? (Looking at E)
10	E	I think it was...they said they had a fete...and
11		they...they...do stuff at the fete, but they didn't ask
12		us to do something at the fete. So we suggested...
13	F	...suggested, (Mmm)...
14	E	...a concert, but we didn't... they sortof laid it on the
15		table that we were going to...that there was a fete,
16		we could maybe do something...
17	F	Ja.
18	I	And did you do all the practicing or were there
19		some of the staff members that helped you?
20	F	There was only one staff member that actually
21		helped with the open group.Uhm...and she actually
22		took part in the concert as well.But, otherwise, with
23		the other groups, it was just us practicing with the
24		groups, ja.It wasn't...
25	E	Ja, it was just X with the open group and she gave
26		quite a lot of suggestions as well...while we were
27		preparing.
28	F	(Mmm).
29	E	Uhm, but she was not...overpowering...she also let
30		residents give ideas and so on.Uhm, but the rest of
31		the staff wasn't really involved.The one day we
32		practiced outside, and then one or two staff
33		members would then sortof, come and watch but
34		they didn't become involved.
35	I	Could you tell me a little bit about your own needs
36		while working at this placement?(Soft
37		laughing)(Silence)Just...what were your needs and
38		do you think they were met?(Silence) (More
39		nervous laughter)
40	E	I think one of the needs I had was to feel that staff
41		supported us, especially when it came to...referrals
42		and uhm...and getting people to the groups and
43		providing us with the space for working.And I think
44		mostly, they did meet these needs, because they
45		did ask us...they actually gave us three options for
46		where we could work with the group.They made,
47		uhm...quite good referrals, uhm...we would just
48		have liked more background on the clients...
49	F	(Mmm)...

Z16. concert: sense of achievement

y54. students learning to negotiate

Z12. adapting MT to context & event

Z17. concert: low staff involvement

Z18. concert: staff watching practice

Z19. student need: staff support through help with referrals & logistics

Z20. student's need for space was met

1	E	...because they didn't...give us a lot and we did
2		give them sortof guidelines of what we wanted, but
3		they really didn't know what they didn't really know
4		what to say, because they just said everybody's
5		mentally handicapped and it's beneficial for them to
6		be there since a young age, so...that's basically the
7		only information that we got...
8	FE	(Laughter)
9	E	...so a bit more information would have been nice.
10	F	Ja.
11	E	And I think also if...some of the...residents...could
12		have...been more...committed to...
13	F	Ja...
14	E	...coming at a certain time and being there,
15		because we had to go and look for many of the
16		residents many times. It took us...ja...it took a long
17		time of our work with them to go and find them and
18		then the next group would come and...
19	F	Ja.
20	E	One or two would trickle in and some would go out.
21		And I think at one stage uhm...what I didn't like was
22		that staff didn't really respect our boundaries of the
23		space...
24	F	I was just going to say that...
25	E	We had to move the one day into another room and
26		three staff members sat in (which is fine) but they
27		talked to one another, they conversed and *loudly*
28		and it, sortof, took away the attention of the group
29		members, so we really struggled to work with them.
30		We had to go and ask them to please just leave for
31		the sake of the...I don't think they would
32		understand, you know, the space...
33	I	(Mmm)?
34	E	uhm...but otherwise I think the staff was very
35		supportive. They really made nice
36		referrals. Uhm...when we were unsure of where the
37		people were or...what rooms we could use, they
38		quickly sortof sort it out and when we had
39		supervision, they uhm...or the week before they
40		would...reminded the groups to come at their times
41		and uhm...so on. At one stage...I don't know if you
42		felt like that? (looking at A)It felt like we were a
43		bit...in the way.
44	F	(Mmm).
45	I	OK?
46	E	I don't know where that came from...
47	I	But why *would* you say was that? Was it because
48		of the space?

Handwritten annotations (right margin):

Z21. Student need: more background info.

X2. logistics.

X31. disregard of space

X3. staff support

Z23. students felt "in the way", like outsiders (lack of space)

1 2 3	F	Uhm…I was thinking it's the space, because, you know, wherever we were, it just seemed like, ja, we were just *in* the way…
4	I	(Mmm).
5 6 7 8 9 10 11 12 13 14 15 16	F	…where they wanted to be or something. Because there was one time…one time we had to go into a little…a smaller hall just adjoining the bigger hall where we usually worked, and uhm…a resident was there, busy sorting out cutlery or something for lunch and we asked her "Please, can you just (you know) leave for the hour that we're going to be here" or whatever we were going to do then and she said no, no she had to do it, so we didn't want to disturb her, so we were like, "If you just do it quietly, then that's fine" but then there's another boundary thing that we had problems with.
17	I	(Mmm).
18 19 20 21 22 23 24 25 26 27	F	And then…on another day when we had to move into different halls, ag, it was just such a mission because they wanted to sort things out, then there were about three or four members doing stuff and making such a big noise that would distract the group, so we had to eventually move into the *other* hall, and move everything out the way…where…oh that's one thing… in our, in the big hall they had put out chairs, where we usually…work, because they had a…
28	E	Concert…
29 30 31 32	F	…concert or something that evening, but they knew that we were there, so we kindof felt like "Oh…why…you know…do you not think about us?" kindof thing.
33 34 35 36 37 38 39 40 41	E	Uhm, ja…when we had to move into that, because we then used the smaller hall, but as A said, one of the residents and a staff member had to go and get out the cutlery and so on, so they're walking in and out and, I mean, they're bumping chairs and bothering the residents, so that's not working, so we said we'll move into the big hall, but then there's, like "But you can't move the chairs" because they were *perfect* for the concert.
42	F	(Mmm).
43 44 45 46	E	And then we felt a bit…so we had to carefully push everything back and put everything back in place, so it felt a bit…you know, in the way, we were messing up their neat plans.
47 48 49 50	I	Would you say that, uhm…your supervisor and supervision helped you in dealing with the problems at this…placement? Did it help to have supervision? Silence…

Handwritten annotations (right margin):

Z24 .disregard of boundaries: adverse effect on attention of lower functioning clients .

Z2 students were not taken seriously.
Z23. students felt in the way.

Page Z7

1	F	Uhm…I don't know, uhm…the very first time that she came, it was quite…ja….I think it was quite beneficial, she gave us some ideas…and things we could have done and uhm…where we might go with what we were working with. Ja…(Mmm). (Silence)
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6		
7	E	Ja, uhm…with…regarding the boundary issue, I don't think it really…came up?...in supervision. Only in the last supervision did it come up and then it was, sortof, a bit…
8		
9		
10		
11	F	…too late…
12	E	…to do anything about that.Uhm…I don't know if we didn't give her enough information on our problems with that, because she sortof came and saw our work with them and commented more on what we were doing musically, and uhm…where our work could go, instead of certain issues with the community specifically.So…I think maybe if earlier we could have addressed that, maybe we could have been more open with her…but or she could have asked us more about the specific community uhm…problems…then I think it could have been a bit more…helpful.Regarding the musical work and so on, it was quite helpful, but the community-wise with the boundaries and so on, I think at the end it really came out, so…
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27	I	Could you tell me about the *low* point of your work?
28	F	(Soft, uncomfortable laughter)Well…I think it's come out! (Laughter)
29		
30	E	Yes!
31	F	Well…I think you might know.Well, first of all, I was actually going to say today that my low point was the boundary-thing, but actually now that I think about it, is more the…the housemother group that I had…uhm…We had discussed that we were going to do…uh…songwriting with them and uhm…our supervisor thought it wasn't…very…what's the word?...not very good.And she didn't think it was…it worked with the group at all…and uhm…She really…was quite…I don't quite know how to say this…
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42	E	Attacking, maybe?
43	F	Yes…ja, she…she…really attacked us, like…and emotionally it was quite draining and it actually…affected how I…I…was in future sessions. And uhm…every time I did something with the housemothers, I would think of that, and it really affected how I did anything with them and it…I eventually did not want to do the housemothers anymore.
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50		
51	I	(Mmm).

Handwritten margin notes:

Z25 supervision helpful musically

Z26. supervision did not address boundary issues

Z27. low point : student's own struggles : supervision.

1	F	So...I think the way she handled it was, you know, something that really...not "messed things up", but you know that was a real...
2		
3		
4	I	Bad experience...
5	F	...low point. Yes, a very bad experience for me.
6	I	OK...(turning towards E)
7	E	Yeah, I have a few low points... (Laughter)
8	E	It's not that many, but the boundary-issue, I think, was quite frustrating. I think, also, working with the housemothers...uhm...especially in the beginning...it was a low point, but later on it sort of became a high point for me. I really found it difficult to...work with them in terms of what we could offer. I really felt that,...I couldn't offer anything, because they had so much more experience,, they, they're looking at us like: we're these students, doing this music therapy and what can we teach them? Even at the first session we had, uhm...we discussed what music therapy was and what...their expectations might be...and they asked us what instruments are we going to teach them...
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21		
22	I	(Mmm)?
23	E	...to play and, you know, ja...how do we play the drums? So it was more a thing of what can we teach them.
24		
25		
26	I	(Mmm).
27	E	...not about the experience and opening up, so it really felt in the beginning that they had this...(sigh)...stance that... Kyk neer op jou.
28		
29		
30	I	(Mmm).
31	E	...looking down on you, sortof, feeling, and I think that carried through for a long time.
32		
33	F	(Mmm).
34	E	...until we really settled into *our* role as music therapists...we actually have something valuable to offer and they *are* getting something from it and they *are* enjoying themselves and then it sortof really had a different quality to it. I think the staff members also started to enjoy it...
35		
36		
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38		
39		
40	F	They did.
41	E	...and to open up and...so just moving from that they're looking down on us and they're not...we don't have anything to offer...
42		
43		
44	F	(Mmm).
45	E	...what's this "music therapy" thing? to OK, maybe it actually does have something valuable to offer. And I think another...I won't say it's a low point...but something that was...a bit...I won't say sad, but for me was, at the end, the last day...they said...the residents said Oh, they'll miss us so much and the staff also said thanks for all your good work, and then they were like "Please come back next year, but come and do volunteer work"
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53		
54	F	Yes...

Z28. disregard of boundaries: low point for student

29. students' feelings of inferiority (towards staff)

X59. initial staff goal for MT: skills.

X21. staff's negative perceptions of MT changed by attending sessions

1 2 3 4 5 6	E	And we thought, you know, they can really see what music therapy I think, at the end, offered the residents, and staff members who were in the staff group really experienced it and then just by the end saying "OK, we really want you back, but we're not going to *pay* you...to come back next year."
7	I	(Mmm).
8 9 10 11 12	E	That we're not really...you know...we really put in a lot of effort and we were really, uhm...ja, put in a lot of care with the work with these people and I think they could see it, but it just felt they didn't *value*...our work...
13	F	...enough
14	E	...enough to really...
15	F	...have us back...
16	E	...have us back...paid.
17	I	(Mmm).
18 19 20 21 22 23 24	E	And I know they're an NGO, so they don't get a lot of money and they re...reliant on funds and donations, but yet, you know, we have something to offer and they really could see it and they *want* us back...you could see they want us back, but they're not prepared to pay us. So...that was really a bit...frustrating.
25 26 27 28 29	I	(Mmm). Especially if it is the profession you are in, and it's where you want your money to come from one day. (laugh) Uhm, what would you say did you learn about yourself while working at this placement? (Silence)
30	E	I'll start...
31	F	Still thinking...
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	E	Uhm...I think at this placement I learned that I'm capable of more than what I think I am, especially with the staff group.And...I really saw again that, you know, the work that music therapists can offer, that we could offer, is really valuable, even though people may not think so in the beginning, you could see how it changes their perceptions of it and they started getting into it.So, it's sortof, I learned that music therapy is actually really very valuable and it does work and uhm...I also learned for myself that I could...care...more for people (laughs), because sometimes I feel at placements you get frustrated and so on and even at this placement I did get frustrated, but there was really a sense of...you know, I could care for these people and there was a lot of caring and love and so on...

Margin notes (handwritten):

Z31. low point: institution not willing to employ MT's in future

Z32. institution can't afford MT

Z33. student learnt about own strengths

Z30. student's own realisation of value of MT

X21. staff's negative perceptions changed through attending MT

Z34. different from other placements: learning to care more

1 2 3 4 5 6 7 8 9 10 11 12 13	F	Well, uhm…also seeing how music therapy actually can help people, because I have found throughout the two years that I've been studying, that I have my highs and lows where: "Is it really working?" I mean, you know, "I'm not quite sure", and…it was quite and experience, as I said that very…that high point I had…that was definitely something for me that just…you know…that I learned about myself now, "Oh actually, you know, I _do_ believe in it and I know it does work" So that was something, and uhm …I was going to say something…I just went blank, I'm sorry. I'll tell you in a few seconds. (Laughs) Sorry. (Silence.)	230. Student's own realisation of value of MT
14 15 16 17 18	I	Well, you guys actually answered my next question, which was "what did you learn about music therapy while working here". Uhm…how…in what ways did you experience this placement as being different or similar to your other placements?	
19	F	That was something for me…	
20	I	(Mmm)?	
21 22 23 24 25 26 27 28 29 30 31 32 33	F	In the beginning I was like…well this is…this isn't different? I said we're doing the same thing, we've got groups…well the only thing that I felt was different was the fact that we've got four groups instead of a group and two individuals each and I actually was wondering…what we were doing that was different, but…I'm still struggling a little bit with it, but I think the concert, for me, was something that was really…changed it, you know, for me. Uhm…because of involving the rest of the community, watching them and seeing what they can do…I think that was the only point for me that I could really think of that was contrary…	X1. not different from other placements 235. different from other placements: concert.
34	I	…that was different. And you? (looking at E)	
35 36 37	E	Ja, I also, in the beginning really felt this is quite similar to our other placements, because we have a set place, we have a set time…set boundaries…	X1. not different from other placements.
38	F	(Mmm)…	

Line	Speaker	Text
1	E	...even though they weren't always respected.Uhm,
2		and we had the same group members and so
3		on.When we started the open group it felt a bit
4		more...like a community placement, because we
5		saw different residents each week.And also the
6		concert was the one thing that uhm...was different
7		and especially the rehearsals and getting
8		contributions from the residents as well...and just
9		the concert itself. We involved sortof , the
10		audience and where the residents had a different
11		experience of themselves.Uhm...and just having
12		this experience of being able to contribute, because
13		I think at the community itself, uhm...staff really
14		helped them quite a lot, but they don't really get the
15		opportunity, I felt, to really...do things for
16		themselves.
17	I	(Mmm).
18	E	...and to contribute, because they've always been
19		seen as...you know...helpless, dependent...and at
20		the concert they, I think, they had a different
21		experience. And also the last day, the high point,
22		where everybody was welcome and we had
23		residents that we never saw before and...the heads
24		of Z were there and they could just see the
25		residents in a different light, like that guy, and when
26		each resident had a turn to sortof lead the group
27		and everybody was playing together and there was
28		just a sense of just making music together...
29	F	...community...
30	E	(That was not...that was not with this goal in
31		mind???) So that was, the concert and the last day,
32		we had this big open musicking, that was really
33		community for me, but the rest of our work, except
34		for the concert work, felt more like music therapy
35		work...clinical goals...
36	F	(Mmm).
37	E	...working towards it.
38	F	And that, the last day as well, uhm...I wanted to
39		mention it...I was actually quite upset that it
40		happened on the last day...I was thinking: If we
41		had had this the first day... it would have been
42		different... I think in a way. I think they would have
43		realised then: Oh, this is, you know, really
44		something that can help more of the residents and
45		it probably would have given us more residents that
46		really could have benefited and it was...ja...that
47		was for me, ja.
48	I	If you...if you were to go back and do it again, what
49		would you change?
50		Would you change anything?
51	F	(Silence)Sho!

Handwritten annotations (right margin):

Z

Z36. not different from other placements: core members

*Z37. different from other placements: open group

y32: audience: community involvement

Y33a. concert: different experience of themselves

y29. concert: opportunity to contribute

Z7.MT overcoming perceived inability

y33 concert: different experience

Z37. different from other placements: open group

Z35 different from other placements: concert

y35. in retrospect: more open groups

Z39 (in retrospect) more open groups for higher staff involvement

Line	Speaker	Text
1	E	Well, I think, uhm…that we would, maybe, as A
2		said, start off with just inviting everyone to come
3		and see what music therapy is about, just play
4		together, so that they have a more
5		tangible…maybe idea of what it is and what it can
6		offer.And I think, as A said, the staff might have
7		had a better…broader idea of what music therapy
8		can offer, they might have referred more clients for
9		music therapy or might have…we might have had
10		more open groups.And the staff might have been
11		more open to coming to the open groups as well.
12	F	(Mmm). And I think I the big thing there is also
13		open groups, because we had closed groups,
14		which was fine uhm…because, you know, we need
15		to focus, I think especially for the lower functioning
16		group, uhm…to focus on their needs as well…but I
17		think open groups are quite helpful because you
18		get more people and…
19	E	(Mmm)…
20	F	…a wider variety in levels of functioning…and I
21		think you'd actually reach more of the community
22	E	Ja, you can impact the community more and I think
23		the perceptions could have changed more.
24		Because the perceptions of staff, I think, did
25		change by the end, but it took a long time for them
26		and I think if they had been involved from the
27		beginning, it could have changed if they'd felt and
28		seen, done the music therapy…or just musicked
29		with…they might have been more open and had a
30		broader…idea of what it could offer….the impact it
31		could have had…
32	I	Uhm…well, I just want to also ask you, like, we've
33		said a little bit about it, but how do think or *do* you
34		think that your work here was influenced by what
35		you know about Community Music Therapy?
36	E	(Silence.)Uhm…I think the concert was a direct
37		influence…
38	F	Yes. I totally agree with that.
39	E	…from theory, because when we started working
40		there, A and I, as we've said, felt: "OK, this is not
41		community, what can we do to *make* it more
42		community?" and then the first thing was "Oh, the
43		fete…what can we do there? Oh, a concert…public
44		performance…" So in that way, I think
45		music…Community Music Therapy sortof steered
46		our thinking…but the last day with that big open
47		group was…that was not really theory, it was just…
48	F	…natural…
49	E	It was just a natural, spontaneous sort of musicking
50		that happened. Uhm…it was difficult to, sortof…try
51		and integrate Community Music Therapy
52		with…traditional music therapy…

Handwritten margin notes:

Y35. in retrospect: more open groups

Z40. in retrospect: keep closed groups for lower functioning residents' sake

YZ41. in retrospect: open groups reach more people

Z39. in retrospect: more open groups for higher staff involvement.

Z42. CoMT theory direct influence: concert

Z43a. students experienced pressure to fit work in CoMT mould

Z43b. open group musicking not due to trying to fit with CoMT, more natural

Z44. difficulty integrating CoMT and MT

1	I F	(Laugh)
2 3 4	E	...because you still had to do music therapy work, but...how do you do that...sortof without losing the community aspect and that was difficult for us...
5	F	Ja.
6 7 8 9	E	...because it felt more like we did more traditional music therapy _____ ???? And the only thing that was more community was the concert, because we struggled to integrate...the two.
10 11 12 13	I	Do you think that...if you went back and you redid it, you would keep your original groups and then just add some more open groups, or do you think you would go only to open groups?
14 15 16 17	F	I think for s...as I said with the lower functioning group, I think definitely keep *that* group, uhm...maybe...ja... I would add more open groups...I don't know if you... (looking at E)
18 19 20 21	E	Ja, well definitely think that we...uhm...we would keep the lower functioning closed group, uhm...even the staff group...I think we would have kept...
22	F	(Mmm).
23 24	E	...because that just gave them a different space to be... And the higher functioning group...
25	F	I don't know, I would have *liked* to keep them,
26 27 28 29 30	E	because...I think they really gelled as a group and uhm...in a different way as the rest of the community, but I think then we would have really *added* many more open groups or even made the higher functioning group an open group later , so...
31	F	(Mmm).
32 33 34 35	I	Uhm...do you think that there's anything else that uhm...the training could offer that...you would change about the training which would have helped you in working at this placement?
36 37 38 39	E	Well, the first thing I can think of is while we were busy working at the community placement, we were doing Community Music Therapy in theory, but it just felt like we needed it earlier...
40	F	Ja.
41 42 43 44	E	..because we went in there and we didn't really have a good grip or handle on what was...what is music therapy, because we haven't really done it before.
45	F	(Mmm).

Handwritten annotations:

X1. not different from other placements

Z 35. different from other placements: concert

Z 40. keep closed group for the sake of lower functioning residents.

Y 35. in retrospect: more open groups.

X 55. CoMT theory earlier

1 2 3 4 5 6 7 8 9 10	E	So I think we could have started with the theory part last year already that we just had a basis to work from. It was helpful to have it during as well, because then we could get some new ideas and...ways of thinking about the work, but I just felt in the beginning when we started working there it felt just...OK, what must we do now? What is Community Music Therapy? Just felt like we're just setting up another placement, we're just doing music therapy there, so...	y50. CoMT ^(theory) during community placement also helpful
11	F	It felt like we *had* to do Community Music and...	
12 13	I	Maybe if you had both the stances, you could integrate it better...	Z43d. Students experienced pressure to fit work in CoMT mould.
14	F	(Mmm).	
15 16 17	I	Is there anything else that you would like to add that I haven't touched on? Silence... ...about working at Z?	
18 19 20	F	It was just a wonderful experience, because I really actually...lots of ups and downs...but it was very nice, I really enjoyed it.	X44. student enjoyment
21 22 23 24 25	E	I'm also going to miss them there...and the residents also...took a long time to, you know, say goodbye and prepare them to say goodbye...they really get set in their routines, but I really think music offered them something valuable...	y34. ending was difficult
26	F	(Mmm).	
27	I	I think that's everything... Thank you very much.	
28	FE	Thank you (laughs)	

Appendix E

Coding: draft page

	Sentence	Code
I	Could you please tell me about your experience of setting up a community placement at X?	
A	(Giggling.)Uhm…I think in the beginning it was a bit daunting. New placement, like every other placement. New placement, new people, new population group to work with. Uhm, and especially the setup.	X1 _____ not different from other placements
I	(Mmm)?	
A	That was a bit daunting to me. The way we had to manage how to, or where to have the sessions. But, uhm, ja, since you, once we've got G and H on our side, I think it went a bit better…it was less daunting. Someone you can rely on. Someone that could help you.	X2 logistics X3 Staff support X4.1 staff attitude (negative)
I	Could you tell me a bit more about the setup and the problem of where to have the sessions?	
B	And because the people don't attend that often, the clinic, they only come once a month, or once in two months, they didn't have, they didn't have a, or they would only come when they want to come and that was difficult.(I'm talking in circles.)Ja, and when we asked for the room, they said we were going to make too much noise, and the nurses will complain.But then finally when we explained to them, after sending them a letter that was written by the university, we got the room.	X4.2 uninformed anticipation of difficulty X4.8 musical sounds too loud / music disturbing / throughout place / music permeates X.5.4 university support
I	And, uhm, did you have all your sessions in this room?	
A	No. We had three sessions during the day, or the morning, two in that room and then one outside in front of the building where loads of social interaction is happening.	X2 logistics X 6.1 taking/bring music outside to the people / public space 6.2 flexibility of where music happens
I	And what format did these sessions take on?	
B	Well, the first two in the room were more closed, it was more, people were uhm, personally invited to come, which they then, they can either decide "No" or "Yes" and then most of the time they did come…and then the open group session people just…pitch up and they just happen to be there.	
A	(Mmm), just participate.	X7. public space: enables access for all / participation
I	And which people were these…who attended the sessions?	
A	In the closed, or in the boardroom sessions, where we, the closed groups, were mostly patients with the exception of one or two staff members.	X 8 closed sessions; mostly patients.
I	(Mmm)	
A	And then outside was actually everybody.	
B	Yes, staff members, volunteers, patients, or…persons with HIV	
A	HIV, (Mmm)…and also vol…workers from other departments.	
B	Like the groundsmen…	

Appendix F

List of codes

List of codes

	Other occurences of code:
X1. not different from other placements	z11:21, z14:5
X2. logistics	z6:16, x7:26; z4:38, y4;31
X3. staff support	z1:4, z1:26, z6:39
X4. no allocated space for MT	
X5a. staff attitude negative	
X5b. uninformed anticipation of difficulties (staff)	x3:9
X5c. music permeates	x6:20, x6:27, y13:10,
X6. university support	
X7a. flexibility of where and how music happens	x6:6, x8:39, x9:13, y4:30, y6:29
X7b. music in a public space	
X8a. closed sessions: mostly only patients	
X8b. public space enables access for all	y2:36, z3:19
X9. MT goal: social interaction	x2:32
X10. MT goal: normalisation (healthy identity)	
X11. MT goal: emotional sharing & expression	
X12. MT goal: enjoyment	
X13. MT goal: relaxation	
X14. staff goal for MT: normalisation	
X15. students own research informed goals	
X16. MT goal: reconnection	
X17. MT goal: musical community & acceptance	
X18. staff (pleasantly) surprised about MT effects	x3:30, x12:23
X19. staff uninformed about MT	z1:14
X20. music draws people in	x8:18
X21. staff's negative perceptions changed through attending MT	x12:2, x12:15, z9:46, z10:37
X22. music positively affects environment	
X23. difficulty recruiting clients	
X24. students uncertainty regarding role (open sessions)	x7:45
X25. difficulty determining clinical intent (open sessions)	
X26. student's uncertainty regarding role: musician vs. therapist	
X27. questioning therapeutic value (students & staff)	z3:10
X28. different from other placements: staff uninformed	
X29. student initially wanted closed space	
X30a. adapting to context's space	y4:23, y8:30
X30b. not different from other placements: space	z11:37, x5:7, x11:2
X31. disregard of physical space: (cultural?not specific to placement)	z6:21
X32. student's need for boundaries	x10:13, y4:14, z1:31
X33. identifying with CoMT literature	x6:3, x10:31, y6:13
X34. broadened thinking: now also considering the community	x6:31, x8:39
X35. 1st yr training: stricter boundaries	
X36. MT and CoMT not separate	y17:2, Y5:40
X37. students no longer want physical space (adapted)	y4:27, y12:12
X38. longer term work: possibly more individual-based	
X39. if over time:ideally move from community level to individual level	x9:29
X40. getting to know the context	x7:16
X41. overcoming cultural differences through music	x7:42, y17:24
X42. student developing confidence in own ability & in music	
X43. music engaging person's "healthy side"	x13:4
X44. student: enjoyment	x9:4; z15:18
X45. student surprised by clients' positive comments	

X46. sense of belonging (client comment)	
X47. music consoles (client comment)	
X48. student satisfaction at positive feedback	
X49. students understanding of MT expanded	x9:3
X50. context-specific MT	x9:17, y5:27, y6:31, y6:45, y15:44
X51. student needs to expand own musical base	x10:10
X52. student enjoys community placement more than other placements	
X53. student learning to work less structured	
X54. student learning to be less directive	y14:53
X55. CoMT theory earlier	y16:32, z14:38
X56. SA necessitates CoMT	x11:10
X57. CoMT knowledge could reduce student concerns	
X58. CoMT could be useful for all placements	y16:44
X59. initial staff goal for MT: skills	z9:17
X60. staff's interest shifted from skills to experience	
X61. student's role: guiding	z4:28
X62. music binds everyone together (staff, patients, etc.)	
X63. music forms part of people's identity	
Y1. staff communicating boys' needs	
Y2. limited information before starting work	
Y3. not individual sessions: possible trust issues	
Y4. staff did not give referrals	
Y5. groups: to include maximum number of boys	z2:11
Y6. group division: initially determined by students and staff	z2:24
Y7. boundaries very fluid	y5:45, y11:34
Y8. open sessions: merging of groups	
Y9. initial low staff involvement	y3:13
Y10. staff's interest increased	
Y11. MT drew them out	y6:45
Y12. concert: highest staff involvement	y4:1
Y13. unpredictability of context	
Y14. students felt like outsiders: linked to trust issues	
Y15. building trust relationship took time	
Y16. CoMT initially no influence on thinking	
Y17. CoMT ideas helped later on	
Y19a. CoMT partly applicable	
Y19b. CoMT partly applicable: not "open space music for everyone"	
Y19c. CoMT partly applicable: performance	
Y20. unconventional sessions: practicing for performance	
Y21. open sessions: due to limited numbers	
Y22. MT process brought connectedness	
Y23. boys' growing self-confidence	
Y24. shyness replaced by humour & leadership	
Y25. concert was a highlight	
Y26. student saw value of work in concert	
Y27. boys reported value of concert for them	
Y28. student's initial thinking: skills-centered performance	y8:23
Y29. concert goal: opportunity to contribute	y8:35, z4:9
Y30. learning from the context & adapting	y8:29, y14:3
Y31. "showcasing themselves": being seen differently	z3:39
Y32. audience: community involvement	z4:50, z12:9
Y33a. concert: different experience of themselves	z4:9, z12:11, z12:10
Y33b. not different from other placements: population group	

Y34. ending was difficult	z15:23
Y35. in retrospect: more open groups	y10:33, z13:9, z12:40, z14:28
Y36. MT could involve entire shelter (ideally)	
Y37. division into groups was necessary:unique goals	
Y38. boys first, then community	y11:13
Y39. student observing boys' needs	
Y40. in retrospect: open groups could lead to less ownership	
Y41. different from other placements: space-open door	y12:42, y13:4
Y42. supervision addressed "space"	
Y43. music in communal space	
Y44. different from other placements: higher functioning	
Y45. student learning to be alert	
Y46. difficulty explaining MT to clients	
Y47. two-way learning process	
Y48. equality in music	
Y49. students' own learning differed	
Y50. CoMT during community placement=useful	z15:3
Y51. experience brought more understanding than reading	
(Y52. CoMT also applicable to other contexts)	see X58
Y53. using CoMT principles without labelling it as such (previously)	
Y54. students learnt to negotiate (MT)	
Z1. clients forgot session times	
Z2. students were not taken seriously	z7:28
Z3. students initially wanted to do individual MT	
Z4. staff group (suggested by staff)	
Z5. initial referrals: "musical residents"	
Z6. more groups: including more of community (after supervision)	
Z7. MT overcoming perceived inability of lower functioning residents	z12:14
Z8. staff realising: MT is for everyone	
Z9. MT enticing the unwilling	
Z10. open group: sense of community & togetherness	
Z11. staff's positive feedback about MT's effects	
Z12. adapting MT to context's event	z5:10
Z13. concert was hard work	
Z14. concert: resident's pride in participating	
Z15. concert: slightly anxiety-provoking for some residents	
Z16. concert: sense of achievement	
Z17. concert: low staff involvement	
Z18. concert: staff watching practice	
Z19. student need: staff support re. referrals & logistics	
Z20. student need for music space was met	
Z21. student need: more background information	
Z23. students felt "in the way", like outsiders (lack of space)	
Z24. disregard of boundaries: adverse effect on attention of clients	
Z25. supervision helpful: musically	
Z26. supervision did not address boundary issues	
Z27. student's own personal struggles (supervision)	
Z28. disregard of boundaries: low point for student	
Z29. students feelings of inferiority (towards staff)	
Z30. student's own realisation of value of MT (settling into role)	z11:10, z10:29
Z31. low point: institution not willing to employ MT's	
Z32. institution cannot afford MT	

Z33. student learnt about own strengths	
Z34. different from other placements: learning to care more	
Z35. different from other placements: concert	z12:34, z14:7
Z36. not different from other placements: core membership	
Z37. different from other placements: open group	y12:32
Z38. open group: staff seeing residents differently	
Z39. in retrospect: more open groups for higher staff involvement	
Z40. in retrospect:keep closed groups for lower functioning residents' sake	z14:18
Z41. in retrospect: open groups could reach more ppl	
Z42. CoMT direct influence: concert	
Z43a.students experienced some pressure to fit work in CoMT mould	z15:11
Z43b. open group musicking not due to trying to fit to CoMT theory, more natural	
Z44. difficulty integrating CoMT & MT	

Appendix G

Categories

Categories

Category 1: Space and boundaries	
X4. no allocated space for MT	
X5c. music permeates	x6:20, x6:27, y13:10,
X7a. flexibility of where and how music happens	x6:6, x8:39, x9:13, y4:30, y6:29
X7b. music in a public space	
X8a. closed sessions: mostly only patients	
X8b. public space enables access for all	y2:36, z3:19
X22. music positively affects environment	
X29. student initially wanted closed space	
X30a. adapting to context's space	y4:23, y8:30
X30b. not different from other placements: space	z11:37, x5:7, x11:2
X31. disregard of physical space: (cultural?not specific to placement)	z6:21
X32. student's need for boundaries	x10:13, y4:14, z1:31
X34. broadened thinking: now also considering the community	x6:31, x8:39
X35. 1st year training: stricter boundaries	
X37. students no longer want physical space (adapted)	y4:27, y12:12
X38. longer term work: possibly more individual-based	
X39. if over time:ideally move from community level to individual level	x9:29
Y3. not individual sessions: possible trust issues	
Y5. groups: to include maximum number of boys	z2:11
Y6. group division: initially determined by students and staff	z2:24
Y7. boundaries very fluid	y5:45, y11:34
Y8. open sessions: merging of groups	
Y21. open sessions: due to limited numbers	
Y35. in retrospect: more open groups	y10:33, z13:9, z12:40, z14:28
Y36. MT could involve entire shelter (ideally)	
Y37. division into groups was necessary: unique goals	
Y40. in retrospect: open groups could lead to less ownership	
Y41. different from other placements: space-open door	y12:42, y13:4
Y42. supervision addressed "space"	
Y43. music in communal space	
Z3. students initially wanted to do individual MT	
Z6. more groups: including more of community (after supervision)	
Z10. open group: sense of community & togetherness	
Z20. student need for music space was met	
Z23. students felt "in the way", like outsiders (lack of space)	
Z24. disregard of boundaries: adverse effect on attention of clients	
Z26. supervision did not address boundary issues	
Z28. disregard of boundaries: low point for student	
Z36. not different from other placements: core membership	
Z37. different from other placements: open group	y12:32
Z40. in retrospect:keep closed group for lower functioning residents' sake	z14:18
Z41. in retrospect: open groups could reach more people	

Category 2: Performance	
Y12. concert: highest staff involvement	y4:1
Y19c. CoMT partly applicable: performance	
Y20. unconventional sessions: practicing for performance	
Y25. concert was a highlight	
Y26. student saw value of work in concert	
Y27. boys reported value of concert for them	
Y28. student's initial thinking: skills-centred performance	y8:23
Y29. concert goal: opportunity to contribute	y8:35, z4:9
Y31. "showcasing themselves": being seen differently	z3:39
Y32. audience: community involvement	z4:50, z12:9
Y33a. concert: different experience of themselves	z4:9, z12:11, z12:10
Z12. adapting MT to context's event	z5:10
Z13. concert was hard work	
Z14. concert: resident's pride in participating	
Z15. concert: slightly anxiety-provoking for some residents	
Z16. concert: sense of achievement	
Z17. concert: low staff involvement	
Z18. concert: staff watching practice	
Z35. different from other placements: concert	z12:34, z14:7

Category 3: Community Music Therapy Theory	
X1. not different from other placements	z11:21, z14:5
X33. identifying with CoMT literature	x6:3, x10:31, y6:13
X36. MT and CoMT not separate	y17:2, Y5:40
X50. context-specific MT	x9:17, y5:27, y6:31, y6:45, y15:44
X55. CoMT theory earlier	y16:32, z14:38
X56. SA necessitates CoMT	x11:10
X57. CoMT knowledge could reduce student concerns	
X58. CoMT could be useful for all placements	y16:44
Y16. CoMT initially no influence on thinking	
Y17. CoMT ideas helped later on	
Y19a. CoMT partly applicable	
Y19b. CoMT partly applicable: not "open space music for everyone"	
Y50. CoMT during community placement=useful	z15:3
Y51. experience brought more understanding than reading	
Y52. CoMT also applicable to other contexts	
Y53. using CoMT principles without labelling it as such (previously)	
Z42. CoMT direct influence: concert	
Z43a. students experienced some pressure to fit work in CoMT mould	z15:11
Z43b. open group musicing not trying to fit to CoMT theory, more natural	
Z44. difficulty integrating CoMT & MT	

Category 4: Staff's varying attitudes & involvement	
X3. staff support	z1:4, z1:26, z6:39
X5a. staff attitude negative	
X5b. uninformed anticipation of difficulties (staff)	x3:9
X14. staff goal for MT: normalisation	
X18. staff (pleasantly) surprised about MT effects	x3:30, x12:23
X19. staff uninformed about MT	z1:14
X21. staff's negative perceptions changed through attending MT	x12:2, x12:15, z9:46, z10:37
X27. questioning therapeutic value (students & staff)	z3:10
X28. different from other placements: staff uninformed	
X59. initial staff goal for MT: skills	z9:17
X60. staff's interest shifted from skills to experience	
Y1. staff communicating boys' needs	
Y4. staff did not give referrals	
Y9. initial low staff involvement	y3:13
Y10. staff's interest increased	
Z2. students were not taken seriously	z7:28
Z4. staff group (suggested by staff)	
Z5. initial referrals: "musical residents"	
Z7. MT overcoming perceived inability of lower functioning residents	z12:14
Z8. staff realising: MT is for everyone	
Z11. staff's positive feedback about MT's effects	
Z29. students feelings of inferiority (towards staff)	
Z38. open group: staff seeing residents differently	
Z39. in retrospect: more open groups for higher staff involvement	

Category 5: Goals and value	
X9. MT goal: social interaction	x2:32
X10. MT goal: normalisation (healthy identity)	
X11. MT goal: emotional sharing & expression	
X12. MT goal: enjoyment	
X13. MT goal: relaxation	
X15. students' own research informed goals	
X16. MT goal: reconnection	
X17. MT goal: musical community & acceptance	
X20. music draws people in	x8:18
X41. overcoming cultural differences through music	x7:42, y17:24
X43. music engaging person's "healthy side"	x13:4
X45. student surprised by clients' positive comments	
X46. sense of belonging (client comment)	
X47. music consoles (client comment)	
X62. music binds everyone together (staff, patients, etc.)	
X63. music forms part of people's identity	
Y11. MT drew them out	y6:45
Y22. MT process brought connectedness	
Y23. boys' growing self-confidence	
Y24. shyness replaced by humour & leadership	
Y48. equality in music	
Z9. MT enticing the unwilling	

3

Category 6: Logistics and challenges	
X2. logistics	z6:16, x7:26; z4:38, y4;31
X23. difficulty recruiting clients	
X40. getting to know the context	x7:16
Y2. limited information before starting work	
Y13. unpredictability of context	
Y14. students felt like outsiders: linked to trust issues	
Y15. building trust relationship took time	
Y30. learning from the context & adapting	y8:29, y14:3
Y34. ending was difficult	z15:23
Y38. boys first, then community	y11:13
Y46. difficulty explaining MT to clients	
Z1. clients forgot session times	
Z19. student need: staff support re. referrals & logistics	
Z21. student need: more background information	
Z31. low point: institution not willing to employ MT's	
Z32. institution cannot afford MT	
Y54. students learned to negotiate (MT)	

Category 7: Students' personal development	
X24. students uncertainty regarding role (open sessions)	x7:45
X25. difficulty determining clinical intent (open sessions)	
X26. students' uncertainty re. own role: musician vs. therapist	
X42. student developing confidence in own ability & in music	
X44. student: enjoyment	x9:4; z15:18
X48. student satisfaction at positive feedback	
X49. students understanding of MT expanded	x9:3
X51. student needs to expand own musical base	x10:10
X52. student enjoys community placement more than other placements	
X53. student learning to work less structured	
X54. student learning to be less directive	y14:53
X61. student's role: guiding	z4:28
Y39. student observing boys' needs	
Y45. student learning to be alert	
Y47. two-way learning process	
Y49. students' own learning differed	
Y51. experience brought more understanding than reading	
Y54. students learned to negotiate	
Z25. supervision helpful musically	
Z27. student's own personal struggles with supervision	
Z30. student's own realisation of value of MT (settling into role)	z11:10, z10:29
Z33. student learned about own strengths	
Z34. different from other placements: learning to care more	