

Exploring self-compassion: group music therapy with sexual abuse survivors

by

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Submitted in partial fulfilment in accordance with the requirements for

the degree of

MMus (Music Therapy)

in the Department of Music at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

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April 2018

Declaration

I, Danielle McKinnon, student number u16321864 hereby declare that this dissertation, "*Exploring self-compassion: group music therapy with sexual abuse survivors,*" is submitted in accordance with the requirements for the Master degree at University of Pretoria, is my own original work and has not previously been submitted to any other institution of higher learning. All sources cited or quoted in this research paper are indicated and acknowledged with a comprehensive list of references.

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April 2018

Dedication

I dedicate this research to my supervisor Adri van Heerden, and co-supervisor Andeline. Thank you for your patience, continued encouragement and support throughout this process.

To Sidney and Lesley my parents, without you this would not have been possible. Thank you for your endless love, support and encouragement. To Brandon, my brother for always believing in me.

To the Jephta family for creating a home-away-from-home when I travelled to Pretoria for block work each term.

To my classmates and life-long friends, Tom, Melissa, Caitlin, Leigh-Ann, Kirstyn, and Sane. I have learnt so much from each of you and wish you well in your future endeavours. To my lecturers, Carol, Kobie, Karen and Andeline I cannot begin to articulate the immense value you have added to my life.

Lastly, to Benjamin for everything. Your love and support is unmeasurable.

Abstract

Sexual abuse is a traumatic event, which leaves survivors with mental, physical and emotional needs. The aim of this qualitative study was to explore whether closed group music therapy sessions could enhance self-compassion, as reported and expressed by sexual abuse survivors. The music therapy process that was conducted was designed to facilitate the three core constructs of self-compassion as researched by Kirsten Neff (2003a), namely self-kindness, common humanity and mindfulness. The study explored the experiences of six sexual abuse survivors residing at a community centre in Lavender Hill, Cape Town, South Africa. Music therapy sessions took place once a week for a period of six weeks and the main musical components of the sessions included song-writing, group singing, drumming, vocal and instrumental improvisations and relaxation. The findings emerged from the interpretive phenomenological analysis of the individual semi-structured interview transcripts and thick descriptions of excerpts of the audio recordings. From the findings of this study it was concluded that the group music therapy sessions offered sexual abuse survivors opportunities for: self-exploration, self-confidence, interpersonal connections, the experience of being supported, encouragement, enjoyment and vitality, stress relief, emotional exploration and expression, and transformation of perspectives. These findings were represented by the following three main themes; characteristics of their lifeworlds, the affordances of music therapy for the group, and the group's experience of transformation, which are then discussed in relation to self-compassion.

Keywords:

Sexual abuse

Self-compassion

Group music therapy

Song writing

Singing

Drumming

Improvisation

Self-expression

Interpersonal connection

Support

Emotional expression

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CHAPTER 1

Introduction

1.1 Background and context

An estimated 240 occurrences of rape and attempted rape per 100,000 women are reported to the South African Police Services each year (Jewkes & Abrahams, 2002:1231). According to the South African Police Service Annual Crime Report for 2015/2016 (2015/2016:41), there were 51, 895 counts of sexual offences. There are two major subcategories included in this statistic namely, rape, which accounts for 80% and sexual assault which accounts for 12%. Survivors of rape often do not report the crime due to a number of reasons, including, fear of being accused of lying, fear of post-rape treatment and an unwillingness to retell the experience (Jewkes & Abrahams, 2002:1231).

Survivors of rape have multiple mental, physical and emotional needs (Campbell, 2005:710). According to Risick (1993:225), survivors of rape may experience symptoms such as Post-traumatic Stress Disorder (PTSD), anxiety, depression and the loss of self-esteem for an indefinite period of time. This study focused on self-compassion which, as described by Neff (2003a:85), is a positive emotional attitude towards one's self. The construct of self-compassion involves three constructs: self-kindness, common humanity, and mindfulness (Neff, 2003a:85). In pilot studies conducted by Neff (2003b:224), which examined the validity and reliability of a scale to measure self-compassion, the findings indicated a link between high levels of self-compassion and positive psychological wellbeing. The studies also reported lower levels of anxiety, depression, and feelings of separation, whilst there was an increase in feelings of interconnectedness and life satisfaction (Neff, 2003b:224). Women who have been sexually abused, could therefore benefit from enhancing self-compassion, as it promotes positive psychological wellbeing.

In this study I conducted closed group music therapy sessions at a non-profit organization established in 2008 by a community member in Lavender Hill, Cape Town. Their main objective is to provide a safe house for women and children who are survivors of sexual abuse and domestic violence. The study entailed group music therapy sessions with sexual abuse

survivors with a focus on self-compassion. In the sessions I explored the role that group music therapy could play in enhancing self-compassion for sexual abuse survivors.

1.2 Research Aim

The aim of this study was to explore how closed group music therapy sessions may enhance self-compassion as reported and expressed by sexual abuse survivors, by mainly using drumming, song writing, vocal and instrumental improvisation and various other techniques. It is my hope that the findings will inform clinical practice as well as future research with this population group and, as well as self-compassion.

1.3 Research Question

The research question guiding this study is, therefore:

Does group music therapy enhance self-compassion for sexual abuse survivors and, if so, how?

1.4 Thesis outline

Chapter 1: Background and research aim

This chapter will provide the background information as motivation for the research enquiry. It will also contain the research aim and questions.

Chapter 2: Literature review

This chapter will review literature regarding self-compassion, sexual abuse and the psychological implications, as well as group music therapy with sexual abuse survivors.

Chapter 3: Research methodology

This chapter will examine the use of qualitative research situated within an interpretive phenomenological approach. It will also discuss the method of data collection, preparation, and analysis.

Chapter 4: Data Analysis

This chapter will discuss the process of data analysis and present the findings.

Chapter 5: Discussion

The themes that have emerged from the data analysis will be discussed in light of the research question.

Chapter 6: Conclusion

The last chapter will include remarks, recommended future research as well as limitations of this study.

CHAPTER 2

Literature Review

2.1 Introduction

In this chapter I will review literature concerning music therapy with sexual abuse survivors. I will begin with a discussion of literature on rape, sexual abuse and the psychological implications thereof with a focus on the South African context, but also on an international scale. I will review studies on self-compassion and its affordances, as well as the significance of group music therapy.

2.2 Rape and sexual abuse in South Africa

The South African Criminal Law (sexual offenses and related matters) Amendment Act 32 of 2007 states, "A person who unlawfully and intentionally sexually violates a complainant, without their consent, is guilty of sexual assault" (Act 32, 2007:11). The Amendment Act 32 of 2007 also defines rape as, "Any person who unlawfully and intentionally commits an act of sexual penetration with a complainant, without their consent, is guilty of the offence of rape" (Act 32, 2007:10). In this section I refer to sexual abuse as an umbrella term, which includes rape and sexual assault. Jewkes and Abrahams (2002:1238) report that rape is more prevalent in a society which is violent, poverty stricken and where drug and alcohol abuse are rife. Gender inequality remains a societal issue in South Africa and is said to be a contributable factor in perpetuating rape culture. Men may give into peer pressure or partake in gang violence and initiations that assert male dominance (Jewkes & Abrahams, 2002: 1239). According to Jewkes and Abrahams (2002: 1239-1240) moreover, rape in South Africa is rooted in the way society views men as more powerful than women. Other risk factors in South African societies include high levels of drug and alcohol abuse as well as poverty. Jewkes and Abrahams (2002: 1242) explained that the availability of counselling as well as support post rape is not accessible to all survivors. In an attempt to make counselling more accessible, South Africa has instituted a help line, which assists survivors who are unable to physically seek one-to-one counselling (Jewkes & Abrahams, 2002: 1242). It is apparent that seeking assistance both mentally and physically after sexual abuse may be difficult, this may be an opportunity for music therapy as an intervention, as it can be easily adaptable and accessible in a society, which does not have adequate resources. Music therapy could serve both

individuals and groups at community centres as well as in private practice. Lastly, it was found that in South Africa, there is significantly more work based on youth who have been sexually abused, than children and older women (Jewkes & Abrahams, 2002:1238). Considerably more research is needed in studying factors such as, poverty, high levels of violence in society, alcohol abuse and its influence on sexual abuse in South Africa (Jewkes & Abrahams, 2002:1241). There is also a need for further research into the role of community institutions, families, and schools and their contribution in creating a climate of resilience (Jewkes & Abrahams, 2002:1241).

A cross-sectional study examining gender inequitable masculinity and sexual entitlement in rape perpetration in South Africa was conducted with a randomly selected sample of men (Jewkes, Sikweyiya, Morrell & Dunkle, 2011:1). 1737 South African men aged 18-49 completed a questionnaire using an Audio-enhanced Personal Digital Assistant. The findings show that the most reported motivations for raping a woman stemmed from the idea of sexual entitlement and rape as punishment motivated by anger. Other motivations included boredom, fun, alcohol, cleaning of sexual diseases, and peer pressure. The authors suggest that it is important to consider gender inequality and gender relations when one attempts to understand rape, as it is an important factor both globally and more specifically in South African society (Jewkes et al., 2011:9). They also underline the importance of focusing on the perpetrator, as well as rape prevention strategies. The studies reviewed in the section shows that sexual abuse is rife in South Africa and there is a need for both prevention as well as assistance for the survivors.

2.3 Help-seeking after rape and sexual assault

According to Campbell (2008:703), survivors who have access to health care after the traumatic encounter, often experience it as insensitive. This, in turn, amplifies the survivor's already-present feelings of powerlessness, guilt, and shame (Campbell, 2008:703). Survivors of sexual abuse will often experience long-term psychological effects such as post-traumatic stress disorder (PTSD) (Resick, 1993:225), fear (Clum et al., 2000; Resick, 1993), depression (Acierno et al., 2002; Clum et al., 2000; Resick, 1993), loss of self-esteem, social judgment problems, sexual disorders, and anxiety disorders for an undefined period of time (Resick, 1993:225). Similarly, Elliot, Mok and Briere (2004:209) conducted a study that explored the prevalence, symptomatology, and sex differences in the general populations of adult sexual assault survivors. This study was unique in that it had a nationally represented sample and included both men and women. The research data was consistent with already published findings, and found that sexually assaulted women and men reported significant distress and

the study suggested that adult sexual assault is a trauma-inducing event and has long-term effects for many of its survivors (Elliot et. al., 2004:209).

A study conducted by Campbell, Wasco, Ahrens, Selfl and Barnes (2001:1250), involving 112 female rape survivors who live in Chicago, found that 70-85% of survivors who had received assistance from rape crisis centres and mental health professionals, rated their experience as beneficial to their healing process. The negative experiences that occur during the period of seeking medical assistance and emotional support have been given the term 'secondary victimisation' (Campbell et al., 2001:1240). Campbell et al. (2001:1240) suggest that strategies need to be put in place to ensure that rape and sexual abuse survivors, under no circumstances, experience any further trauma.

Many survivors seek help from the police, community care centres and other health clinics in order to report the abuse, and to receive mental and physical assistance. In this sense society plays an integral part in its response to sexual abuse as a crime (Campbell et al., 2001:1240). Campbell et al. (2001: 1253) found that community crisis care centres are under used by survivors of sexual abuse due to their lack of knowledge thereof. The authors argue that there should be a variety of services available, as no two cases are the same (Campbell et al., 2001: 1254). This study identifies a need for different service providers to come together and work as a collective unit, to provide for the various needs of sexual abuse survivors (Campbell et al., 2001:1255).

A study conducted by Steinbrenner, Shawler, Ferreira and Drauker (2017: 433-424), exploring the lived experience of help-seeking by South African women after sexual assault, found that seeking help from medical facilities was overall traumatic for the six participants. Also, when the participants sought help from the justice system, by reporting the assault and in some cases going to trial, most of their experiences were traumatic (Steinbrenner et al., 2017:431). Most of the participants were fearful of reporting their experiences to the police, as some were threatened by their assailants, some were too traumatised and were experiencing mental and physical health difficulties, and others were disrespected by the police (Steinbrenner et al., 2017:432). Another main reason which arose in interviews with the participants was that of *fruitless pursuits of justice* (Steinbrenner et al., 2017:342). Many of the participants experienced disruptions and complications with their cases in the justice system. Some participant's cases were closed due to insufficient evidence, investigating officers had passed away, the cases were left dormant or documents were lost, and others experienced corruption within the community or justice system (Steinbrenner et al., 2017:342). However, when the participants received care at community centres, they described their experience as, "being

able to seek relief from emotional anguish, being cared about, being able to talk, and being able to move forward” (Steinbrenner, 2014:434). It was found that survivors only consulted such institutions for assistance when they were significantly distressed, Steinbrenner et al. (2017:434) have chosen to label this type of help seeking as, *desperate help-seeking*. It is evident that each survivor’s experience of the traumatic event as well as their experience of seeking assistance is different. Whilst some survivors may have positive experiences when seeking help at centres it was found to be challenging at times. This current study offered a different service, as it was accessible to the participants at the centre.

Campbell, Dworkin and Cabral (2009:225) explored the impact of sexual assault on women’s mental health through an ecological theoretical perspective. The researchers chose to adopt Bronfenbrenner’s model, as a survivor of sexual assault’s mental health is influenced by many factors, not only by the assault itself (Campbell et al., 2009:227). This research highlighted how a survivor’s mental health is shaped by their social world, how they make sense of the event and the reporting thereof, and their possible experience of blame when sharing about their sexual abuse (Campbell et al., 2009:227). Women’s mental health is also influenced by the victimization of women and the cumulative response from their social worlds. This study viewed the participant’s through their experiences and contexts as reported by them in order to understand the social worlds, and how this may have an impact on their journey after the abuse.

2.4 Coping strategies

Frazier and Burnett (1994:633) examined coping strategies used by rape survivors post assault. Survivors who pursued help soon after the rape found solace in social support, counselling and remaining active in their daily life (Frazier & Burnett, 1994:637). However, survivors who chose to withdraw from support after being raped were more prone to emotional stress and shock as well as disinterest in working through the traumatic event. The findings showed that survivors of rape who received social support, and were able to express their emotions had fewer symptoms of PTSD than survivors who chose to withdraw from society. The current study drew upon these findings by exploring how music could potentially provide sexual abuse survivors, who chose not to pursue formal accepted modalities of counselling, an alternative method of therapy to explore the challenges and effects of their trauma. This study encourages social support as means for survivors to cope with their experiences post abuse. Thus, interpersonal relationships, support and emotional exploration facilitated through group music therapy, has the potential to enhance the survivors experience of working through the traumatic event.

A study conducted by Newsom and Myers-Bowman (2017:1) explored resilience with female survivors of sexual assault. Six women took part in this study and data was collected through standardised open-ended interviews. One of the main objectives of this study was to determine how survivors of sexual assault experience and understand resilience. In the findings from the interviews, the participants highlighted that “working through the pain” by gaining a sense of self-awareness assisted them in moving towards the goals they had set for themselves (Newsom & Myers- Bowman 2017:8). The participants also reported that in order to enhance their self-awareness it was important for them to be conscious of their internal dialogue. Overall it was found that resilience required determination and commitment (Newsom & Myers- Bowman 2017:14).

2.5 Self-compassion

Self-compassion stems from Buddhist psychology, which focuses on analysing and understanding the self. Whilst this concept is fairly new to Western psychological circles, it is relevant in the studies of self-concepts and self-attitudes (Neff 2003b, 223). Self-compassion refers to an individual ceasing to avoid their suffering and, rather, connecting to it. The concept of self-compassion has been recently defined into three components by Kristin Neff (2003a). I have selected Neff’s constructs of self-compassion as she offers the most comprehensive discussion on this topic in the literature thus far (Barnard & Curry, 2011:2). It is also reported that self-compassion is in its early years of development and more studies are needed in order to develop the construct of its validity with a range of client populations. I therefore propose a gap in the literature in this regard and hope to contribute to the future knowledge on the construct of self-compassion and its validity in this study.

Self-compassion has three main components: self-kindness (extending kindness and understanding to oneself rather than harsh judgment and self-criticism), common humanity (seeing one’s experiences as part of a larger human experience and not in isolation), and mindfulness (holding unpleasant thoughts and feelings in a balanced awareness and in a way that avoids over-identification) (Neff, 2003a:89). Increasing self-compassion is useful, as it encourages behaviours that promote wellbeing, decreases the experience of stress (Neff, 2003a: 93) and transforms negative self-affect into a more positive self-affect (Neff, 2003b:245). This can then generate a more positive self-attitude and the desire to heal oneself with kindness (Neff, 2003a:87). It is a non-judgmental process in which one grows to understand one’s suffering and pain, so that they can be seen as part of a larger human experience (Neff, 2003a:87). Similarly, Harman (2005:45) suggests that individuals may

shame themselves through internal dialogues, whereby they critically judge and attack the part of the self that is perceived as unfavourable. However, shame can be countered with a self-compassionate and a nurturing internal dialogue (Harman, 2005:46). The author suggests that if one increases self-compassion it may be useful in decreasing self-criticism and feelings of isolation, increasing self-kindness, and balances unpleasant thoughts and feelings.

Neff and Germer (2013:859) developed a Mindful Self-Compassion program and offered it to people who were willing to attend. This program was offered for 2.5 hours a week, for a period of 8 weeks and consists of a variety of meditations and informal practices for use in daily life such as, self-compassion letter writing, tools for home practice are taught to encourage a habit of self-compassion, as well as a half-day silent meditation retreat (Neff & Germer, 2013:859). Neff and Germer (2013:859) conducted a randomised controlled study of this Mindful Self-Compassion program with a treatment group of 24 participants, and a waitlist control group of 27 participants. After the program, and compared to the control group, the participants who were in the treatment group reported a significant increase in self-compassion, mindfulness, compassion for others, and life satisfaction. They also experienced a decrease in depression, anxiety, stress, and emotional avoidance (Neff & Germer, 2013:859). In follow up assessments, all outcomes were maintained for both 6 months and 1 year. Therefore, the authors conclude that self-compassion training along with mindfulness training can enhance and provide specialised tools for practicing self-compassion in daily life (Neff & Germer, 2013:859).

Judge, Cleghorn, McEwan and Gilbert (2012:420) explored the benefits of self-compassion-focussed group psychotherapy with a heterogeneous group of clients presenting with severe mental health difficulties. The study suggests that this form of therapy significantly reduced levels of depression and anxiety. Moreover, the authors suggested that sharing common fears and experiences, and providing mutual support with a focus on compassion as well as self-compassion, assisted in the process of reducing shame (Judge et al., 2012:427).

Neff, Kirkpatrick and Rude (2007:139) aimed to examine the correlation between self-compassion and psychological health by conducting two studies. The first study was conducted in the form of an interview, with a group of 91 undergraduate students at a Southwestern University. This study examined whether self-compassion was able to protect against self-evaluative anxiety. The researchers set up a mock job interview and the participants were asked to complete a scale which measured anxiety before the interview commenced. During the interview, the participants were asked to write down their weakness as part of one of the questions. After the interview, the students were asked to fill in the same

scale which measured their anxiety (Neff, Kirkpatrick & Rude, 2007:145). The study found that the participants who displayed more self-compassion, were able to buffer against questions that may evoke anxiety (Neff, Kirkpatrick & Rude, 2007:145). The second study was conducted with a group of 40 undergraduate students at a Southwestern University and examined whether changes in self-compassion are linked to changes in well-being. In this study, the researchers made use of the “Gestalt two-chair” exercise, as they found the intervention relevant to the task. The “two-chair” exercise offers an individual the opportunity to explore two conflicting aspects of the self by giving them each a voice (Greenberg, 1983:200). The goal of the exercise is to arrive at a point where the self-critical part of self and the part of the self that feels judged are able to appreciate each other and develop a shared sense of compassion (Greenberg, 1983:200). In the second study, the researchers obtained the participants self-compassion scores by using the Self-compassion Scale developed by Neff (2003a), a week before the individuals took part in the “two-chair” exercise and three weeks after the exercise. This study found that increases in self-compassion occurring over a one-month period were associated with increased psychological wellbeing (Neff, Kirkpatrick & Rude, 2007:139). These two studies show the affordances self-compassion can have on psychological well-being and anxiety. Whilst this study made use of a sample of undergraduate students who did not report a traumatic event before taking part in the study, I worked with a different client group in order to expand the research in this area.

2.6 Self-criticism and self-blame

According to Gilbert and Procter (2006:357), people often become self-critical when they experience failure. When one is self-critical, it can often become challenging to self-soothe and self-reassure. Gilbert, Clarke, Hempel, Miles, and Irons (2004) conducted a study on criticizing and reassuring oneself with female students who completed a series of self-report scales. They found that by decreasing feelings of self-criticism and focusing on self-reassuring thoughts, there was a significant lower score for depression. The authors go on to suggest that there is a need for future research in this area where therapists explore in detail the functions and implications of self-criticizing (Gilbert et al., 2004:46). Gilbert, Baldwin, Irons, Baccus, and Clarke (2006) also found that increased self-criticism was associated with difficulties in generating self-compassion.

Gilbert and Procter (2006:353) conducted a study that examined the role of shame and self-criticism in psychological difficulties, the importance of considering different types of affects, and the therapeutic process of Compassionate Mind Training (CMT). CMT was developed for people who experience increased feelings of self-criticism and shame. Six patients attending

a cognitive-behavioural-based day centre took part in the CMT focused process for a period of 12 sessions. After the study, patients reported a decrease in depression, anxiety, self-criticism, shame, inferiority, and submissive behaviour (Gilbert & Procter, 2006:353). They also reported an increase in the ability to self-soothe, and focus on reassuring the self (Gilbert & Procter, 2006:353). The authors concluded that self-compassion can assist in reducing the threat of internal dialogue and can help generate feelings of safety (Gilbert & Procter, 2006:357).

2.7 Music therapy with sexual abuse survivors

Amir (2004:96) studied the role of group improvisational music therapy as a tool to elicit and effectively deal with memories of sexual abuse. The findings showed that music therapy created a safe space wherein the survivor was able to elicit and process feelings of anger, guilt and shame (Amir, 2004:97). Through the process the survivors were able to build interpersonal relationships with the therapist and the group. This is significant, as many of the survivors may have experienced unhealthy interpersonal relationships (Amir, 2004:97). Moreover, the music therapist's role is to journey through the process with the client in order to provide support when the client may feel vulnerable in their exploration of inner emotions and feelings (Amir, 2004:97). Amir states that using improvisation as a tool in music therapy practice allows for "psychological, creative and emotional expression in the here-and now" (Amir, 2004:98). Therefore, the current study made use of improvisational music therapy, along with various other music therapy techniques within the group music therapy sessions as a tool to explore the group's experiences.

According to Gunter, Rizvi, Monson and Resick (2006:813), women commonly experience PTSD as a side effect of physical and sexual abuse. Carr, d'Adrenne, Sloboda, Scott, Wang and Priebe (2012:4) assessed whether group music therapy would be beneficial for patients who have PTSD. The findings of the study suggest that group music therapy establishes a sense of safety and trust between group members, which allowed the members of the group to experience self-expression in a way that was not invasive (Carr et al., 2012:18). Lastly, the members of the group reported that music therapy was helpful in eliciting and expressing their emotions, which assisted in coping with their symptoms of PTSD.

As researched by Volkman (1993,250), music has the ability to access all the senses, which may be useful in working with people who have dissociated themselves from bodily awareness due to physical abuse. The article suggests that musical improvisation is able to offer a safe and creative environment for an individual to connect the mind and the body through self-

expression. The author goes on to say that music therapy offers creative and alternative interventions for individuals on their journey to recovery (Volkman, 1993:250). Similarly, MacIntosh (2002:18) suggests that various emotional reactions can be facilitated through musical interventions in a creative manner rather than in a way that is invasive for the client. This study suggests that musical experiences in psychotherapy with trauma survivors have a positive psychological impact (MacIntosh, 2002:18). MacIntosh (2002) conducted a study, which explored group music therapy with survivors of sexual abuse and their journey towards healing. The interventions used in this study included song-writing, drumming and singing. It was evident that the use of these techniques within a group offered the participants freedom and safety to explore their feelings (MacIntosh, 2002:22). Improved anger management, self-esteem and feelings of hope to continue the journey towards healing were also observed (MacIntosh, 2002:22).

Creative arts therapies and music therapy, in particular, can play a significant role in assisting women survivors of sexual abuse and violence in the recovery process however, the literature with this client population is sparse (Curtis, 2007:196). It is also apparent that it was the norm for researchers and clinicians to focus on the many different types of violence against women including sexual assault, domestic violence, childhood sexual abuse, sexual exploitation and harassment as specific and unrelated in definition and treatment (Curtis, 2007:197). This unintegrated approach is now being challenged. All the forms of violence mentioned above appear to be rooted in a culture that perpetuates gender-role socialization and unequal power distribution. As such they can be considered as different manifestations of the same phenomenon (Curtis, 2007:197). Curtis (2007:197) suggests that women and children may internalize this belief system, which dehumanizes and devalues them. This system may then encourage “inner abuse”, which is harm done to the core-self (Curtis, 2007:197). When this occurs a culture of acceptance of this violence, blaming the survivor for the abuse, self-blame, and failure to acknowledge the abuse begins to emerge (Curtis, 2007:197). Curtis (2007:200) goes on to explain that using music therapy in a way that promotes a feminist approach to understand the abuse, and the journey ahead is significantly helpful for women and children who have been sexually abused (Curtis, 2007:200). Feminist music therapy techniques meet the need for a creative therapeutic approach while incorporating an understanding of the abuse in its socio-political context (Curtis, 2007:200). Finally, Curtis (2007:200) suggests that using interventions that incorporate group singing, lyric analysis, listening to music, and offering the women an opportunity to tell their story may be a powerful and validating experience. This study acknowledges the need for research in music therapy with this population. I also acknowledges the need for research in using music therapy as a tool to navigate the participant’s experience whilst also being aware of their socio-political context.

Curtis and Harrison (2006:97) describe a collaborative music therapy-social work program, which incorporated various aspects of each discipline. The 14-week program consisted of a group process with five women who had experienced sexual abuse. During this time, a series of interventions were facilitated in order to offer the women an opportunity to explore their journey towards recovery, the impact the abuse had had on their present and their past, their actions, self-blame, and understanding of the cultural and social forces that were responsible for the perpetration and perpetuation of sexual abuse (Curtis & Harrison, 2006:197). Whilst the program took place, the women were asked to compose their own song. This was sung and recorded towards the end of the process (Curtis & Harrison, 2006:198). After the program, the women reported that they found the song writing and singing powerful and that the song writing gave them a platform to reclaim their voice (Curtis & Harrison, 2006:203). Throughout the process, the women found the collaborative music therapy and social work program to be helpful in their recovery, providing multi-faceted opportunities for healing from abuse, for change and for the reclaiming of their lives (Curtis & Harrison, 2006:203). This study made use of a specific music therapy tool in order to explore the survivors journey towards recovery. In this study, I make use of a range of music therapy techniques and aspects of self-compassion in understanding the participant's experiences.

The literature reviewed in this section shows that music therapy offers survivors of sexual abuse creative mediums in which to explore their emotions. It was also found that group music therapy was effective with this client group, as it promoted social cohesion and support for the survivors to share their experiences. Whilst there is literature on music therapy with sexual abuse survivors, it is evident that future research is needed in this area.

2.8 Conclusion

The literature indicates that sexual abuse and rape has become an increasing epidemic both in South Africa and internationally. The literature also suggests that survivors of sexual abuse may experience various psychological challenges such as, distress, depression, anxiety, and PTSD. This may also result in a negative self-dialogue and self-shaming. From the literature presented it was clear that survivors of sexual abuse are able to employ useful coping strategies and move towards resilience with the assistance of therapy programs and community centres. It was also found that self-compassion can be an effective tool in addressing internal dialogue, promoting self-kindness, mindfulness, and reducing levels of anxiety and depression. Finally, music therapy is reported to be an effective alternative therapy and interventions such as song-writing, improvisations, and group singing can reduce

feelings of anxiety, enhance mood regulation, and assist in building social cohesion. However, future research is required in working with this client population.

Therefore, in this study I aimed to further the understanding of exploring and enhancing self-compassion in women who have been sexually abused, with reference to the South African context. There is a need for future research with this client population in a South African context, and there is also a lack in literature which focuses on self-compassion in music therapy with sexually abused survivors.

In the following chapter, I will discuss the research paradigm and research design used in this study. I will also address the sampling method, data collection and data analysis methods that were used. Lastly, the measures that were taken to ensure that the quality of the data was ensured and the ethical considerations will be discussed for this study.

CHAPTER 3

Methodology

3.1 Introduction

In this section I will describe the research paradigm and research design used. I will discuss the method of sampling, data collection and analysis methods specific to this study. Finally, I will explain how the quality of the data was ensured, and the ethical considerations which guided this study will be discussed.

3.2 Research Paradigm

This study adopted the ontological viewpoint that values the internal reality of subjective experience (Terre Blanche & Durrheim, 2006:7). By taking an interpretive stance, the researcher is concerned with understanding the phenomenon from the individual's perspective, observing the interaction among individuals within their social and cultural contexts (Creswell, 2009:9). According to Matthews and Ross (2010:28), the following are characteristics of an interpretive approach; the data gathered in the study includes the individual's interpretations and understandings, the focus is on how the individual's interpret their social worlds and phenomena, and the researcher interprets the individuals understandings in terms of theories and concepts of the researcher's discipline and as if they were "interpreting the data through the eyes of the individuals being researched" (Matthews & Ross, 2010:28). Common methods of data collection used in interpretivist methods include, open-ended interviews, focus groups, open-ended questionnaires, open-ended observations, think aloud protocol and role-playing (Scotland, 2012:12).

Interpretive phenomenological analysis was developed by Smith (1997) and aims to explore the experience of an event from the perspective of the research participant, it also involves the researcher's own view, as well as the interaction between researcher and participant (Willig, 2008:56). As researcher, one should be actively involved in the in-depth exploration of how the participants are experiencing their social and personal worlds (Smith & Osborn, 2003:53). Interpretive phenomenological analysis draws on phenomenology, which is concerned with the study of a person's everyday life within the context in which their

experiences take place (Giorgi & Giorgi, 2003,n.p.). The phenomenon that appears in daily life, which phenomenologists have termed the 'lifeworld' should serve as a guide within a research situation (Giorgi & Giorgi, 2003,n.p). According to Kelly (2006:355), when giving an interpretive account of an event, this should always be considerate of the context, and the account should be presented in relation to an understanding of the whole. This idea is termed "the hermeneutic circle". It prescribes that when interpreting texts one should consider the meaning in relation to the whole, which is then also understood by its various parts (Kelly, 2006:355). Interpretive phenomenological analysis also draws on this tradition of hermeneutics, as there is a certain amount of interpretation necessary when trying to understand the participant's worlds and moving between the part and its whole, as well as understand the two in relation to one another, may assist the research when engaging in interpretation (Smith & Osborn, 2003:53). I will describe this process in more detail in the analysis section of this chapter.

3.2.1 Qualitative research

The researcher's epistemology guides the methodology of the study. As I am interested in exploring the participant's internal subjective reality of experiences, I have chosen to use a qualitative methodology. Qualitative research offers a means of exploring how participants make sense of their world, how they experience events in their lives, and how participants manage certain situations and conditions (Willig, 2008:8). Therefore, it is important to acknowledge the impact that context and relationships may have on the participants as well as the research study. The qualitative researcher is more concerned about the quality and nuances present within a participant's experience, rather than identifying cause-effect relationships (Willig, 2008:8). Thus, the aim is not to measure the frequency within the data, but rather to understand the content, and its complexities (Smith & Osborn, 2003:66) Moreover, research itself contributes to the changing open system by observing the conditions of the context as it continues to evolve, and must therefore be interpreted within the moment and consistently throughout the research (Willing, 2008:8).

Music therapy is a diverse field and the research conducted reflects this diversity (Wheeler, 2005:n.p.). The literature suggests, that much of the qualitative research that is being conducted presently is close to the practice of music therapy however, theory development for music therapy practice and research is in its early stages and should introduce changes within the application of theory and research as it develops (Wheeler, 2005:n.p.). In the 1980's, there was a shift and debate which arose regarding the use of qualitative research methods instead of quantitative research methods and whether qualitative research methods could

assist in answering certain research questions (Wheeler, 2005:n.p.). This debate started a movement in music therapy towards the use of qualitative research methods. If one considers the positions and goals of quantitative and qualitative, it is evident that these are different. The debate therefore offers two sides, that of a positivistic paradigm which is concerned with finding truth, and that of a nonpositivistic paradigm which aims to understand people's construction of their reality (Wheeler, 2005:n.p.). Being aware of this debate and the different approaches each paradigm offers, I have chosen to conduct a qualitative inquiry and an interpretivist phenomenological analysis paradigm.

Ansdell and Pavlicevic (2001) propose certain characteristics of qualitative inquiry one should be aware of when conducting research using this type of methodology. The research should therefore be process-centred with the focus on the process of the work rather than achieving a result, the process takes place in a natural setting, this includes being aware that the researcher cannot separate the context and culture from the research, the research should be explorative in the sense that I do not intend to approve or disapprove an established concept, but rather focus on exploring the phenomenon within a music therapy process (Ansdell & Pavlicevic, 2001:136). They go on to mention that the research should be descriptive or comparative in nature, thus one should include observation in order to describe and understand the qualities and characteristics of the phenomenon being studied (Ansdell & Pavlicevic, 2001:138). The research will also have a certain amount of interpretation by the researcher in a way that captures the participant's experience as intended, qualitative research is idiographic and intends to capture the phenomena in a 'deep but narrow' way (Ansdell & Pavlicevic, 2001:138). Lastly, it is important for the researcher to uphold an ongoing self-reflective and critical stance on the research, in order to exercise reflexivity (Ansdell & Pavlicevic, 2001:140). In this study, I made use of the above aspects which make up qualitative research in the sense that the research was interested in the process rather than an end result. I took into account the context and cultural setting the research in which the research took place, I made use of participant observation in order to understand and accurately describe the participants and context as best I could, lastly, I engaged in self-reflection during the research process and adopted a critical stance of the research itself.

3.3 Research question

The research question guiding this study was as follows:

Does group music therapy for sexual abuse survivors enhance participants' experiences of self-compassion and, if so, how?

3.4 Research design

This section will describe the case study design that was used. The relevance of incorporating this design is explored in relation to this particular study.

3.4.1 Case study design

This research took the form of a single descriptive case study of a music therapy group, adopting an explorative and descriptive approach. This afforded an in-depth description of the phenomenon of enhancing self-compassion in women who have been sexually abused. (Willig, 2008:78).). A case study design takes an idiographic approach, aiming to explore and discover in depth the characteristics of an event, person, or condition (Ansdell & Pavlicevic, 2001:142). Lastly, The approach is concerned with the detail of the description and its affordance of gaining a better understanding of the phenomenon being studied (Willig, 2008:78).

Geist (2014) writes that the single case study design offers researchers in the music therapy field a viable and rigorous platform to investigate the impact of music therapy interventions. The single case study design remains a suitable research design, even when the population size is small and participants are diverse in how they present, because it affords the researcher and clinicians the opportunity to build empirical evidence and generate knowledge within the clinical setting (Geist, 2014:295).

3.5 The music therapy sessions

Music therapy sessions took place for a period of six weeks, once a week at the centre on a Thursday morning at 10 o'clock. The sessions were only allowed to be held for one hour each week, however the director granted me an extra amount of time for three of the six weeks in

order to conduct an interview. The time constraints were limiting, but this was the only way the centre could accommodate this research study.

The approach to the sessions were client centred because the process evolved according to the needs of the participants, and they were able to actively take part in each session. The goals for the sessions were to enhance self-kindness, provide opportunities for interpersonal connection, stress relief, and emotional expression and exploration. This was informed by the literature and research question, or evolved as goals in the initial assessment session. These goals linked to the goals of the research in the sense that they may be contributing factors to exploring and enhancing self-compassion and its three constructs namely, self-kindness, common humanity and mindfulness (Neff, 2003a). The sessions incorporated, a greeting ritual to welcome each member and a closing ritual in order to conclude the session in an appropriate manner. I also incorporated music therapy techniques such as, drumming, song-writing, movement to pre-recorded music, drawing and sculpting to pre-recorded music, as well as music improvisations, which depicted themes that are related to self-compassion. These techniques were chosen because they are fundamental music therapy techniques and they also provide a multilayer way of working within a group setting, as the group was able to experience different techniques within their experience of the process.

I was both the researcher and the music therapist in this study. This dual relationship is complex as each role may have different priorities at different times (Ansdell & Pavlicevic, 2001:103-104). According to Aigen (1993:25), one's dual role as therapist and researcher can also enhance the research process. He suggests that the researcher's qualities such as intuition, insight, spontaneous analysis, emotional reactions, and intellectual judgments as therapist can benefit the research process (Aigen, 1993:21). This will be explained further in the sections on ethics and reflexivity in this chapter.

3.6 Participants

Women from the ages of 18 and older who had been sexually abused and were, at the time of the study, residing at the centre either as part of a program or were living in housing provided by the centre were offered an opportunity to participate. Participation was voluntary and the closed group consisted of six members who were referred and agreed to take part in the study. Additionally, due to the volatile context and dangerous shootings in the area, some women were not able to leave their homes to attend the sessions regularly. However, the group session took place each week regardless of how many women were present.

The sampling method used for this study was purposive homogenous sampling. Through this non-probability sampling method participants are selected who have similar characteristics (Matthews & Ross, 2010:167), in this case all had received verbal therapy at either The Rape Crisis Cape Town Trust¹, Mosaic² or at the Cape Flats Development Association (CAFDA) Welfare Centre³, all were over 18 years old and could speak either English or Afrikaans. According to Behr and Hearst (2005:31), closed groups tend to be homogenous, as they are formed because of shared characteristics, which give the group its specific identity. A closed group may facilitate a bond between its members, creating a sense of safety when explore challenging issues (Behr & Hearst, 2005:31).

Before the participants gave their consent to take part in the study, they each received a participant information form that explained the aim and nature of the study, data collection methods, and ethical considerations (see Appendix A). They also received an informed consent form. This sought consent for participation in sessions, individual interviews and for audio recordings of both the sessions and participation in interviews (see Appendix B). The main languages spoken at the centre are English and Afrikaans. Whilst each participant was literate, they requested the form be read aloud with the researcher in English. Similarly, participants were given the choice to speak in English or Afrikaans, or both, in the interview. The director of the centre also signed an informed consent form regarding the use of the premises, as well as the use of audio recordings and individual interviews (see Appendix C) before any sessions or interviews commenced.

¹ The Rape Crisis Cape Town Trust is the oldest organization of its kind established in Cape Town, South Africa in 1976. The Centre supports the recovery of survivors, seeking justice and implementing strategies of change in the communities.

² Mosaic, founded in 1993 is an organisation based in Cape Town and whose mission is to provide social services and support to women and men who have been affected by domestic violence and gender-based violence.

³ The Cape Flats Development Association (CAFDA) was established in 1944 in Cape Town, South Africa. CAFDA seeks to address issues on the Cape Flats such as, poverty, disease, housing, disaster relief, and social issues.

3.7 Ethical considerations

This study made use of the principlism approach, which is regulated by four philosophical principles governing whether research is ethical (Terre Blanche et al., 2006:67). The first principle is autonomy and respect for dignity of persons. This was acknowledged by ensuring that all the participants received a participant information form (see Appendix A) explaining confidentiality, the nature of the study and what it entailed, the use of audio recordings and semi-structured interviews. Participants were informed that all data collected will be stored securely at the University of Pretoria for 15 years. In that time, if any other researcher wants to use the data they must obtain consent from the participants. Access to the dissertation will be available through the University of Pretoria Library. It was also made explicit in the participation information form that participation was voluntary, and the participants may choose to withdraw at any stage of the process. Participants also signed an informed consent form (Appendix B), which explained that participants are free to withdraw at any stage of the process. The next principle is nonmaleficence, which makes sure that no participant is harmed or wronged, directly or indirectly as a consequence of the research (Terre Blanche et al., 2006:67). This was exercised by making sure that each participant was fully informed of the research process. In order to ensure nonmaleficence and justice, I closed off all sessions with a goodbye ritual. If participants required further therapy or counselling after or during the study they were referred to the resident counsellor at the centre. There were also support structures such as social workers, and support groups for women held weekly at the centre. This was available to each participant and was beneficial in providing support for the participants, however this study sought to specifically explore their experiences of music therapy so that I could gain a sense of what, if any, changes they perceived stemmed from the music therapy process. Nonmaleficence was also ensured in the confidentiality briefing within each session, as well as ensuring no names of the participants were used in the write up of this study. According to the third principle, beneficence, the researcher must maximise the benefits that the study can afford the participants. In relation to the above principle (nonmaleficence), beneficence was exercised in this study by ensuring that no participant was wronged or harmed in the process. Lastly, justice, the fourth principle, was ensured by treating the participants in the study with equality and fairness (Terre Blanche et al., 2006:68).

My involvement in this research study remained within a dual role capacity. Whilst this can, potentially, be ethically problematic, it could also be a resource, as it can enhance insight, include the quality of intuition, and it can provide immediate responses and analysis of the phenomenon at any given time whilst conducting the study. By embracing my dual role in this study, I was able to offer the emotional aspects and caring, supportive responses of the

therapist, this was helpful in establishing rapport and a client-therapist relationship within the short process. At times it was complicated to navigate between these two roles, as each role has different priorities at different times (Ansdell & Pavlicevic, 2001:103). In order to ethically balance my dual role, I engaged in regular supervision, I took responsibility for the client-therapist relationships which developed throughout the research process, and represented the data collected from the study with trustworthiness and as the participants had intended.

3.8 Data collection

The data for this study was collected over a period of six weeks, during which there was one group music therapy session per week. This was a feasible number of sessions as the centre had limited time to include additional therapy sessions in their program. All sessions followed a similar structure and incorporated various techniques as mentioned in the music therapy sessions section. Whilst I made use of a session plan, it remained flexible and served as a guide for the therapist (see Appendix E for all session plans).

It is important to acknowledge the challenges that the dual role may pose as both researcher and therapist. As mentioned by Ansdell and Pavlicevic (2001:103), each role may have different priorities at different times and this can be challenging to navigate. It was important for me to self-reflect on aspects that may have created this conflict whilst in sessions and when conducting the interviews. I reflected that I may feel the need to perform within sessions and may feel wary when making a mistake, through self-reflection and supervision, I was able to navigate around these concerns by acknowledging the humanness within my interaction with the group as both researcher and therapist. I was also concerned that the group members would 'perform' in sessions or answer the interview questions according to what they thought may be a 'correct or good' answer. This may have hindered the data of the study, however these challenges and varying priorities of having a dual role may have been both problematic and enhancing for the process. It was important to acknowledge that I was both an observer of the research and a participant therefore, I took full responsibility for the clinical relationship with clients, as well as for the trustworthiness, quality and accuracy of the research material (Ansdell & Pavlicevic, 2001:103).

3.8.1 Participant observation

Participant observation is a data collection method where the researcher is able to acquire knowledge of the participants in the group within their natural setting (Matthews & Ross, 2010:257). By using this data collection method, the researcher is able to observe the phenomena closely and the participants may become comfortable with having the researcher present throughout the process (Lewis-Beck, Bryman & Liao, 2004:752). The researcher is able to interact with the participants and the events can be understood as they unfold in the research process. Due to the centre's confidentiality policy regarding video recordings, data was collected through participant observation using audio recordings in sessions. The audio recordings were used to capture, group dynamics, verbal inflections, verbal cues and overall rapport inside and outside of the music.

It is important to note that, as with all data collection methods, there are potential limitations such as technological failure (the microphone may not pick up all of the verbal dialogue), and one cannot accurately discern the intended meaning behind body gestures, verbal cues and facial expressions of the behaviour being observed and recorded (Bottorff, 1994: 246). These limitations were taken into account when transcribing or choosing audio excerpts for the study. As music therapist and researcher, bracketing became an important aspect of this research study and more specifically when observing the participants. Because I was involved in the process of participant observation each week and when transcribing the data, it was helpful to identify and write down my own preconceived assumptions of the client group and this assisted in exercising reflexivity whilst engaging in participant observation and in the research process as a whole.

3.8.2 Semi-structured individual Interviews

Individual in-depth semi structured interviews were also used in this study. Due to the time constraints at the centre and as mentioned before in the music therapy sessions section, I could only conduct one interview on three of the session days. I chose to interview different participants each time in order to gain a potentially different perspective from each interviewee. The interview schedule was structured as follows; one participant after the first session, one interview after a session in the middle of the process, and the last interview after the final session. I acknowledge that the three participants were interviewed at different times of the process and may have had different views and experiences at any given time in the process, however I chose to structure the interviews over the entire process, not only to make

the most of the time constraints with regard to the amount of interviews I was able to conduct, but to also gain a sense of how the participants' experience may or may not have varied throughout the process. It must be said that it would have been ideal to interview all of the participants over the course of the process, however due to the limitations this was not possible. Interviews were conducted voluntarily in the sense that a different participant needed to be interviewed each time and the participants volunteered when asked by the researcher. Each interview lasted between 15-20 minutes. According to Kelly (2006), interviews should last between 20-30 minutes, as interviewees may become distracted (Kelly, 2006:300). All interviews were audio recorded in order to remain within the confidentiality policy of the centre. As stated by Halcomb and Davidson (2006:41), audio recordings can reduce interviewer bias, and it allows for the interviewer to go back and reflect on the meanings conveyed by the participants ensuring that they are accurately represented when transcribed. Secondly, the audio recordings assisted the researcher in re-creating nuances of the conversation within the transcription, including tone and the type of language used (Halcomb & Davidson, 2006:41). According to Smith and Osborn (2003:64), it would be challenging to do the form of interviewing required for interpretive phenomenological analysis if one is not able to audio record. They go on to say that if one were to attempt to write down everything that is being said by the interviewee you may not be able to capture important nuances and only record the gist of the interview, this may also be distracting for the interviewee and can interrupt the rapport between interviewer and interviewee (Smith & Osborn, 2003:64).

In interpretive phenomenological analysis the data collection method needs to be accommodating and flexible, as the researcher's aim is to analyse, in detail, how the participants perceive and make sense of the world around them (Smith & Osborn, 2003:57). Therefore, the semi-structured interviews was directed by an interview guide (see Appendix D) that still allowed the researcher the flexibility to adapt questions in order to probe, or understand content that may arise during the interview process (Smith & Osborn, 2003:57). This flexibility allowed for the participants to expertly tell their story in a way that was not too directed by the interview guide. It also allowed the researcher to venture with the participant inside their psychological and social world (Smith & Osborn, 2003:59). The authors also suggest that conducting interviews in this manner enables rapport and empathy to develop (2003:59).

3.9 Data preparation

The interview data was prepared using verbatim transcription by me the researcher as described by Henning, Rensburg and Smit (2004:76). As mentioned in the previous section,

three interviews were conducted, one at the beginning of the process, towards the middle of the process and one towards the end of the process. All interviews were conducted after a session. The transcription included who was speaking, points of interruptions and overlap, intonation of speech, hesitation, sighs, laughter, and any other information that may be relevant in making sense of the text (Parker, 2005:65-66). According to Parker (2005:65), listening is a crucial part in the preparation of the data as it allows you to identify verbal and non-verbal cues that may have gone unnoticed in the one-on-one interview session.

Thick descriptions of the data collected from the audio recordings were written. This allowed for an in depth, coherent description of what occurred in the session, as well as important contextual information (Henning et al., 2004:63). Three audio excerpts were selected from the audio recordings. One excerpt was taken from the start of the process, one from the middle of the process and one towards the end of the process. The audio excerpts were selected using certain criteria and were also selected under supervision. The criteria was as follows, to highlight specific moments in the process which explore the research question, to explore characteristics of self-compassion, and moments which highlighted what music therapy afforded this client group.

3.10 Data analysis

Research analysis situated in an interpretive paradigm is concerned with individuals' subjective experiences of an event, and the researcher's aim is to try to understand the quality and intended meaning of the data collected (Smith & Osborn, 2003:66). The data was analysed in stages, as described by Smith and Osborn (2003:67). I did not follow a specific order of which transcripts to analyse first, I therefore randomly chose to analyse all of the interview transcriptions first. In the first stage, the transcribed interviews were read a number of times in order to acquaint myself well with the data (Smith & Osborn, 2003:67). I then wrote notes in a separate column that captured nuances that I observed during the interviews. The second stage involved reading the interview transcriptions once again, and deciding on emergent theme titles, which best characterised the essence of the data (Smith & Osborn, 2003:68). During the third stage, the emergent theme titles were listed in a table format (Smith & Osborn, 2003:70). I then moved on to analysing the thick description data from the three audio excerpts. I followed the same three analysis steps. I added interpretive notes and observations and then gave the data emergent theme titles.

In the next stage of the process I combined the emergent theme titles of the interview data and the audio recording data, and arranged these into clusters by looking for similarities in relationships between them (Smith & Osborn, 2003:58). The next stage in the process involved taking the clusters of themes and giving them titles, which then became the superordinate themes (Smith & Osborn, 2003:72). I then grouped the superordinate themes to form three main themes.

As mentioned previously, in interpretive phenomenological analysis there is a constant back-and-forth between the parts and the whole. This is also known as the 'hermeneutic circle' (Kelly, 2006:355). This process attempts to ensure that the data is understood and interpreted correctly as intended by the participant. Thus, I constantly revisited emergent theme titles, superordinate themes and main themes to ensure that the data was represented accurately. The data will be represented in detail in the analysis chapter and thereafter an in-depth discussion of the findings will follow.

3.11 Data quality

In this section I will discuss how the quality of the research process was addressed. The data collected from this study were treated with rigour in the sense that the sample was appropriate to the research study; the stages of the research process are clearly outlined; a thorough transcription of the data was written; an analysis of the interviews and thick descriptions was conducted through the use of a suitable data analysis method (Smith, 2005:233-234). Transparency was ensured by providing a clear description of the stages in which the data was analysed, as well as themes that emerged (Smith, 2005:233). In this particular study I aimed to provide transparency by also offering information about sample selection, how the interview was constructed and conducted, and how audio excerpts were selected, in order for the reader to evaluate the coherence of the argument, and claims made in the study (Smith, 2005:234). Lastly, a certain amount of triangulation is always used in case study research in order to collect rich data Willig (2008: 80). I made use of triangulation through multiple methods of data collection (Willig, 2008:85) namely, individual semi-structured interviews and participation observation using audio recordings.

In acknowledging the interpersonal nature of this particular study, reflexivity was important in maintaining the quality of the research. As described by Finlay (2002:209), reflexivity is a defining characteristic of conducting a qualitative study. As researcher I was conscious of my role in the construction of knowledge by engaging in reflexivity. Finlay offers a typology of reflexivity in contemporary practice depending on the researcher's focus. These are

introspection, intersubjective reflection, mutual collaboration, social critique, and discursive deconstruction (Finlay, 2002:212). In this study I made use of introspection (researcher engages in self-reflection, examining one's own experiences, and personal reactions) and intersubjective reflection (the researcher explores and reflects on the research relationship, i.e. the self-in-relation to others) in order to maintain reflexivity in the research process. I also aimed to make intersubjective elements that may affect the data collection and data analysis process explicit in order to enhance trustworthiness, transparency, and accountability of my research (Finlay, 2012:212).

In this study, I made use of 'bracketing' a common practice used in phenomenological research. Gearing (2004:1433) describes bracketing as a process where the researcher "suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon" (Gearing, 2004:1430). There are three main components, which the researcher should focus on when exercising bracketing, these are; the process of setting aside or holding preconceived thoughts about the phenomenon being studied, focusing on the nuances and structure of the phenomenon to understand the underlying universals of the phenomenon, and lastly, to combine setting aside preconceived thoughts and representing the data honestly of the studied phenomenon (Gearing, 2004:1433). When incorporating bracketing as researching it is desirable to distance oneself from any preconceived thoughts, however this is challenging to accomplish in practice, as we each hold our own social and cultural influences (Gearing, 2004:1448). Gearing names this form of bracketing, "reflexive bracketing" and encourages the researcher to acknowledge their preconceived thoughts and become aware of their influence on the phenomenon being studied (Gearing, 2004:1449). I did so by identifying my interests, personal experiences, cultural factors, and assumptions that could possibly influence how I may view the data (Fischer, 2009: 583) whilst conducting the study.

3.12 Conclusion

In this chapter I have provided an overview of the qualitative methodology and interpretive phenomenological analysis that have informed this study. The case study design, sampling method, and data collection methods used in this study, namely, semi-structured interviews and audio-recordings were also explained. Lastly, the data analysis process, trustworthiness of the data collected and the ethical considerations guiding this study were discussed. In the following chapter I will present the process of analysis as well as the findings of this study.

CHAPTER 4

Analysis

4.1 Introduction

In interpretive phenomenological analysis, the researcher is interested in learning about the participant's psychological world (Smith & Osborne, 2003:66). The researcher is concerned about the participant's beliefs and constructs and the meaning that they hold (Smith & Osborn, 2003:66). This requires the researcher to engage in an interpretative relationship with each transcript in a way that does justice to the participant's meanings and beliefs (Smith & Osborn, 2003:66).

In this chapter, I will provide a detailed account of the process of analysis and my findings. I will discuss both the steps I took in analysing the interview data as well as the thick descriptions that were derived from the audio excerpts. In chapter five an in-depth discussion of the findings will be presented.

4.2 Participants

Six women took part in the study and all lived in Lavender Hill, Cape Town, or for a period of time at the centre. The participants were between the ages of 30-60, some of the women were unemployed and others worked. In order to analyse the data, I chose to assign each participant a letter, this is discussed below along with any additional information that I was allowed to share.

Participant A is one of the younger participants and is recovering from cancer, she did not disclose when she was abused. Participant B is participant D's mother and they live together, she did not disclose when her abuse took place. Participant C did not attend all of the sessions due to illness and did not disclose when the abuse took place. Participant D is the youngest group member and lives with her mother, she was at the time of this study addicted to painkillers. Participant E did not attend all of the sessions due to severe illness, and did not disclose when her abuse took place. Lastly, participant F was addicted to painkillers at the time of this study and did not disclose when her abuse took place.

4.3 Steps in the analysis of interview data

In this section, I will describe the steps I took in analysing the interview transcript data. I will first explain the data preparation, how I familiarised myself with the text, and then the identification of the emergent themes.

4.3.1 Data preparation

When preparing the interview data to be analysed, I transcribed the three interviews verbatim. One interview was conducted during the beginning of the process, another towards the middle of the process and the final interview was conducted towards the end of the process. As previously mentioned, I was only allowed to take audio recordings at the centre due to their confidentiality policy. Therefore, non-verbal behaviour was excluded and the recording required a process of interpretation, such as noting when participants sighed, laughed and other audible gestures when transcribing and analysing the data, these nuances were also notated after the interview had concluded (Smith & Osborn, 2003:65). Whilst I have included significant pauses, laughs and other features in the transcriptions, as recommended by Smith and Osborn (2007:65), it is not a requirement to include a detailed transcription of prosodic features in interpretive phenomenological analysis (Smith & Osborn, 2003:65). After I had transcribed the interviews, I used the following stages to analyse the data.

4.3.2 Stage one: Becoming familiar with the text

In the first stage the transcript was read and re-read a few times in order to familiarise myself with the text. In a column on the right hand side of the table entitled 'notes', I wrote down anything interesting and significant that was related to the research question. Some of the comments were used to highlight connections and associations and some were used as a tool to summarise, or paraphrase what was said by the participant (Smith and Osborn, 2003:67). Whilst doing so, it was apparent that certain parts of the interview were richer and warranted more commentary than others (Smith and Osborn, 2003:67). The example in Table 1 is taken from interview transcript A and shows the interview transcription, as well as the notes.

Line	Person	Text	Notes
6	D.M	So, the first question I have for you is, how did you experience the music therapy session now?	
7	B.W	Yoh, it was unexplainable what I, I had a good session, I can't explain. I am feeling much better.	Seems excited and happy
8	D.M	And, are there any moments that kinda stood out for you? Or something that really stood out for	
9	D.M	you?	
10	B.W	Um to be honest, I came here full of stress. I just woke up, washed me and didn't eat, and I like	Stressed
11	B.W	to eat, my mommy said there's no bread, I said, "OMG" <i>[Sighs and laughs]</i> Okay but it's fine, I'm	
12	B.W	still going (to the session). But besides that now, I feel ag, like I'm open now <i>[hand gestures]</i>	Seems to be a shift in initial emotion
13	B.W	I feel like a different person now. Thank you.	
14	D.M	So, there wasn't like one specific moment that stood out for you? Did the whole session make you	
15	D.M	feel how you described now?	
16	B.W	Yoh, I can't <i>[laughs]</i> , it's like I can't explain myself. That was great, that was like my moment <i>[Emphasised]</i>	Participant seems happy to have had a moment dedicated to herself in the session
17	D.M	Your moment.	
18	B.W	Ya <i>[Smiles and laughs]</i>	
19	D.M	And, were you able to express kind of those feelings during the session, like, it's my moment, I'm	

20	D.M	here, stuff that you mentioned now.	
21	D.M	Were you able to express that?	
22	B.W	Yes, I was. Like, when I closed my eyes and I picture myself in the, in the green grass and the sun	Expression of imagery within the musical experience.
23	B.W	is shining and the mountains around and the birds is flying over me and yoh, it was like I was	
24	B.W	running and I see the flowers around me.	
25	D.M	Wow, so you were able to express...	
26	B.W	Yes, I could picture myself like Heidi in die berge <i>[laughs]</i> .	Imagery
27	D.M	Um, what do you think treating yourself with kindness might be about?	
28	B.W	<i>[Pause]</i> treating myself? I like to treat myself, like I go out and spoil myself that is my treat	Acknowledges being kind to herself

Table 1: Interview transcript A extract

Please refer to Appendix F to view all three interview transcripts with notes. After I had completed this process for all interview transcripts, I then moved on to the second stage of analysis where I began to identify themes within the text.

4.3.3 Stage two: Identification of themes

I added an additional column on the right-side of the table entitled, emergent themes in order to document themes which emerged throughout the whole transcript. By using the verbatim text and concise initial notes made in the first stage of analysis, I began to lift concise phrases from the transcript that captured the quality of what was being said and observed. According to Smith and Osborn (2003:68), the themes move the text to higher level of abstraction and may require psychological terminology, however when the researcher engages in extracting the themes, it is important to maintain a coherent thread back to what was initially said by the participant. When extracting the themes, I used the same theme title when similar themes emerged in order to maintain consistency. The extract below is taken from interview transcript A and demonstrates the development of the emergent themes. Note that the notes column was not included in this document due to formatting purposes, but was used side by side the interview transcription whilst identifying the emergent themes. Please see Appendix G for all interview transcriptions and emergent themes.

Line	Person	Text	Emergent themes
6	D.M	So, the first question I have for you is, how did you experience the music therapy session now?	
7	B.W	Yoh, it was unexplainable what I, I had a good session, I can't explain. I am feeling much better.	Loss of words Indescribable positive experience Good session Shift in feeling Positive emotional response
8	D.M	And, are there any moments that kinda stood out for you? Or something that really stood out for	
9	D.M	you?	
10	B.W	Um to be honest, I came here full of stress. I just woke up, washed me and didn't eat, and I like	Initially stressed
11	B.W	to eat, my mommy said there's no bread, I said, "OMG" <i>[Sighs and laughs]</i> Okay but it's fine, I'm	
12	B.W	still going (to the session). But besides that now, I feel ag, like I'm open now <i>[hand gestures]</i>	Expressed openness Positive shift in emotion
13	B.W	I feel like a different person now. Thank you.	Shift in feeling Feeling like a different person
14	D.M	So there wasn't like one specific moment that stood out for you? Did the whole session make you	

15	D.M	feel how you described now?	
16	B.W	Yoh, I can't <i>[laughs]</i> , it's like I can't explain myself. That was great, that was like my moment <i>[Emphasised]</i>	Enjoyment My moment Feeling special
17	D.M	Your moment.	
18	B.W	Ya <i>[Smiles and laughs]</i>	Enjoyment
19	D.M	And, were you able to express kind of those feelings during the session, like, it's my moment, I'm	
20	D.M	here, stuff that you mentioned now.	
21	D.M	Were you able to express that?	
22	B.W	Yes, I was. Like, when I closed my eyes and I picture myself in the, in the green grass and the sun	Expressive moment Imagery
23	B.W	is shining and the mountains around and the birds is flying over me and yoh, it was like I was	Expressive moment
24	B.W	running and I see the flowers around me.	
25	D.M	Wow, so you were able to express...	
26	B.W	Yes, I could picture myself like Heidi in die berge <i>[laughs]</i> .	Imagery

Table 2: Interview transcript A with emergent themes

After I compiled all emergent themes for all of the interview transcripts, I listed them in a separate table. During this process, I began to cluster the themes, making sure again that each theme corresponded correctly to what was said in the interviews (Smith & Osborn, 2003:72).

Once the emergent themes from all of the interview transcripts were clustered in the table, I began to refine the clusters ensuring that no overlapping between emergent themes occurred. I only named these clusters once all emergent themes from both data sources were present. Table 3 presents an extract of the clusters of the emergent themes from the interview data. Please see Appendix I for a complete list of themes from the interview transcripts:

<p>Mindful of challenges</p> <p>Sometimes feeling alone in the struggle</p> <p>Others also have struggles</p> <p>Others have worse challenges</p> <p>Learning from other people's challenges</p> <p>Acknowledge challenges in life</p> <p>Acknowledgement of other people's challenges</p> <p>Shared struggles</p> <p>Relating to other people's challenges</p> <p>Experienced many challenges</p> <p>Awareness of other people's pain</p> <p>Explore challenges</p> <p>Dealing with past events and feelings</p> <p>Not being kind to others</p>
<p>Feelings of being a failure</p> <p>Negative self-image</p> <p>Addiction as punishment</p> <p>Making myself suffer</p> <p>Self-harm</p> <p>Being judged by others</p> <p>Dealing with problems in my own way</p> <p>Individual experience of challenges</p> <p>Decreased self-esteem</p> <p>Self-hatred</p>

<p>Self-criticism</p> <p>Self-punishment</p> <p>Self-criticism</p> <p>Strain on family members</p> <p>Hurting family members</p> <p>Self-doubt</p> <p>Nothing in life</p> <p>No respect for myself</p> <p>Bottles up feelings</p> <p>Initial self-hatred</p> <p>Struggle to comfort others</p> <p>Challenging to treat myself with kindness</p>
<p>Self-affirmation</p> <p>Comfortable with myself</p> <p>Working on yourself</p> <p>Build yourself first</p> <p>Begin with yourself</p> <p>Self-help first</p> <p>Liking myself</p> <p>Self-compassion before others</p> <p>Focus on the individual first</p> <p>Self-compassion starts with yourself</p> <p>Self-kindness comes easily</p> <p>Acknowledges self-compassion as good helpful</p> <p>Enjoy being myself</p> <p>Persevering despite challenges</p> <p>My problems are significant</p> <p>Self-kindness is treating yourself</p> <p>Spoiling yourself</p> <p>Self-kindness</p> <p>Acknowledge myself</p>

Table 3: Clusters of emergent themes from the interview data

4.4 Steps in analysis of audio excerpts

In this section, I will discuss the process of the analysis of the audio excerpts, as well as the integration of both the interview data and the data from the audio excerpts. I will begin by discussing the way in which I selected the audio excerpts.

4.4.1 Selection of audio excerpts

As mentioned in the previous chapter, over the six weeks we explored various techniques within the sessions, such as drumming, song-writing, movement to pre-recorded music, drawing and painting to pre-recorded music, as well as music improvisations, which depict themes that are related to self-compassion. Thus, when selecting the audio clips, I was guided by the research question and my supervisor reviewed the excerpts, I also made use of specific selection criteria that was developed at the outset. This meant that I looked for excerpts that showed some of the different components of the session as well as excerpts which highlighted the goals of the therapy process. As the research question was focused on the use of group music therapy and the enhancement of self-compassion, I aimed to include examples of how the group interacted with each other and aspects of self-compassion, such as self-kindness, mindfulness, and common humanity (Neff, 2003a) that developed in the process. Whilst selecting excerpts, I was also mindful of examples where the group may have found it challenging to explore and experience self-compassion and its components.

4.4.2 Thick descriptions

After I had selected an audio excerpt, I listened to it a number of times in order to familiarise myself with it. It was important to slow down the audio as well as repeat sections of the excerpt in order to best interpret what was happening in the moment. This also allowed for thorough engagement and analysis of the audio excerpts. As I went through this process, I began to write thick descriptions of what was happening in the audio excerpts. This included what was happening in the music, mood, verbal comments, the interaction between the participants, as well as the interaction between the participants and the therapist. Writing thick descriptions of the audio excerpts allowed for an in-depth, coherent description of what occurred in the session (Henning et al., 2004:63). In order to protect the identity of each participant, and to remain within

the parameters of the informed consent form (Appendix B), I randomly assigned each group member an alphabetical letter (refer to 4.2). The same letter was assigned each time in all three audio excerpts in order to maintain consistency. I chose to write the thick descriptions in a tabulated format that consisted of four columns, two of which would only be used later in the process for interpretive note and the emergent themes. On the left hand column I insert the real time and next to it was a column for the thick description text, which coincided with the real time measure. Thereafter, I numbered each line of the thick description text in order to easily refer back to it when completing the rest of the analysis process. I then moved on to the next stage of the analysis, namely, becoming familiar with the text.

4.4.3 Becoming familiar with the text

The thick descriptions were analysed in stages as described by Smith and Osborn (2003:67). Once I had selected an audio excerpt and it had been transcribed, I read each transcript a number of times in order to acquaint myself well with the data (Smith & Osborn, 2003:67). Whilst re-reading the transcript a number of times, I was aware of the context of the audio excerpt within the session, I was also conscious of where the excerpt was situated in the process with this group. Similarly to the analysis of the interviews, I created a column on the right-hand side of the text, which was entitled 'interpretive notes'. In this column, notes were made in order to summarise, to note the mood, context and musical elements. For an example of a thick description with interpretive notes, please see Table 4 after section 4.4.4.

4.4.4 Identification of themes

Once I had completed all of the interpretive notes for the thick descriptions, I began to look for emergent theme titles in both the thick descriptions and the interpretive notes. The emergent theme titles were then listed in an additional column inserted on the right-hand side of the interpretive notes column. In this process, I used the same approach as in the interview transcripts. The initial notes were transformed into concise phrases, which captured the essence of what was happening in the text (Smith & Osborn, 2003:68). As in the analysis of the interview data, I made sure that the titles of the emergent themes moved the response to a higher level of abstraction that may have made use of psychological terminology (Smith & Osborn, 2003:68). As I began to look for emergent theme titles in the thick descriptions, I kept the emergent theme titles that arose from the interview data at hand, so that I could assign similar emergent

theme titles to similar descriptions in order to maintain consistency within the analysis. This then also became the first step in integrating the interview data and the audio data. Table 4 presents an example of the thick description of audio excerpt one with interpretive notes and emergent themes. Please refer to Appendix H to view all the thick descriptions of audio excerpts with interpretive notes and emergent themes.

Real time	Thick description	Interpretive Notes	Emergent themes
0:00	1 Therapist invites the group to layer their own rhythm on 2 top of the beat when it is their turn. Therapist invites 3 someone to begin, Participant A volunteers excitedly 4 and begins to play a strong and loud rhythm on the 5 drum. It is 4/4 meter with crochet and quaver beats at a 6 moderate pace. Thereafter the participants add their 7 rhythms one by one. At first the pulse is lost and 8 fragmented.	Participant leads with a strong pulse. Participants join in the music together. Pulse may be lost or fragmented, as it may be a new experience for the group.	Individual leadership skills Group cohesion. Being supported by the group Individual's voice added to the group's Music is fragmented
0:12	9 Drumming gets softer and participants look at each 10 other confusingly.	There seems to be uncertainty in the music of the group when all members are playing together. Group seems wary to play together	Uncertainty in the music Confusion Wary to play together
0:20	11 Participant A plays loudly in order to re-establish the 12 pulse. 13 Therapist matches participant A's intensity and this	Participant A takes on a leadership role within the music, which may encourage the other group members to continue to contribute in the music.	Individual leadership Group member encourages the group Contributing to the music Support by the therapist

	14 creates a support for the group in the music.	Therapist supports the group's contributions within the music.	Affirmed by the therapist
0:22	15 Participants D and F play along tentatively and do not 16 often make eye contact with the group.	Tentative playing and sporadic eye contact may suggest that the group members are wary of this new experience.	Tentative playing Uncertainty Wary of new experience
0:25	17 Therapist imitates participant A's pulse.	Therapist validates group member's contributions.	Affirmed by the therapist Validation by the therapist Encouragement by the therapist
0:33	18 Pulse is more established. Music is starting to flow 19 and the participants begin to feel the music by 20 swaying their bodies and nodding their heads to the 21 pulse.	Established pulse and flow in the music suggests togetherness and an awareness of others. The participants seem to relax, as they move their bodies to the pulse.	Negotiation Togetherness in the music Awareness of others Working together Relaxed swaying
0:40	22 Music merges into one quaver rhythm that is led by 23 Participant A and C.	Group's music begins to establish one rhythm; this may suggest awareness of others and playing together.	Group's voice emerges Awareness of others Togetherness in the music Playing together

	24 Therapist encourages the rhythm by imitating it back 25 to the group.	Therapist affirms music of the group.	Imitation by therapist Affirmed by the therapist Encouraged by therapist
0:48	26 Pulse of the rhythm becomes stronger; there is more 27 and all participants are playing together.	Group plays together an increase in pulse may suggests ownership of the music and a sense of togetherness.	Strong playing Togetherness in the music Working together Joint ownership of the music Being supported by the group
0:54	28 Rhythm is well established in the music and there is 29 an increase in energy. Participant A and Participant F 30 introduce playfulness in the music by use of hand 31 gestures whilst hitting on the drums, this encourages a 32 playful atmosphere in the group's music.	Music of the group flows comfortably. Participants introduce playfulness within the music and the rest of the group join in, this may suggest a sense of togetherness and mutual enjoyment.	Increased energy Music flows Comfortable playing Playfulness Enjoyable experience Togetherness in the music Playful atmosphere Sense of togetherness Mutual enjoyment

Table 4:Thick description from audio excerpt one with interpretive notes and emergent themes.

After this process was completed for all three thick descriptions of the audio excerpts, I compiled an initial list of themes from the audio recordings in a single document. For a full list of emergent themes from the audio excerpts see Appendix J.

4.5 Integration of findings

As discussed in the data collection section (See 3.8), I made use of two data-collection sources: semi-structured interviews and thick descriptions of audio excerpts. By using two sources I was able to approach the study from different perspectives and gain a more in-depth understanding of the phenomenon (Willig, 2008:75). By making use of triangulation of data collection methods, the data sources were viewed in relation to one another and therefore integrated as much as possible during the analysis phase.

4.5.1 Clustering of both data sources

Once the final lists of themes from both data sources were compiled (See Appendix K), I combined the themes into one table. The emergent themes from the interview data are highlighted in yellow, the emergent themes from the thick descriptions of the audio excerpts are highlighted in green, and themes that were present in both interviews and thick descriptions are highlighted in blue. By colour coding the emergent themes I was able to compare the differences and similarities in the data that emerged. This was useful to see which data emerged in either the interviews or thick descriptions of the audio recordings. In this stage of analysis, the researcher is required to order and cluster the emergent themes in a manner that is analytical or theoretical by looking for connections (Smith & Osborn, 2003:70). As stated by Smith and Osborn (2003:70), some emergent themes may naturally cluster together and others will emerge as subordinate concepts. Thus, I clustered themes from both sources that were related to each other. Table 5 shows the clustering of emergent themes from the interviews and audio excerpts with colour coding as mentioned.

Self-affirmation

Comfortable with myself

Working on yourself

Build yourself first

Begin with yourself

Self-help first

Liking myself

Self-compassion before others

Focus on the individual first

Self-compassion starts with yourself

Self-kindness comes easily

Acknowledges self-compassion as good helpful

Enjoy being myself

Persevering despite challenges

My problems are significant

Self-kindness is treating yourself

Spoiling yourself

Self-kindness

Acknowledge myself

Self-compassion is being passionate about what you do

My moment

Putting myself first

Feeling special

Unique

Initial shyness

Renewed motivation

Self-assurance

Self-confidence

Enjoys a challenge

Reclaiming self-confidence

Unique self

Positive self-image

Shift in experience of speaking in front of others

First time speaking in a group

Group becomes confident

Individual leadership skills

Individual's voice

Strong playing

Comfortable playing

Variation in group's music

Leading the group

Comfortable in the music

Group's voice emerges
Contributing to the music
Forward motion in the music
Feeling safe to explore
Confidence in the music
Hold your own
Autonomy
Willingness to engage
Accented playing
Increased confidence
Free to explore
Exploring in the music
Familiarity in the music
Personal affirmations
Confident to lead
Confident loud singing
Encouraging comments (giving & receiving)
Increased self-esteem

Group focuses on individual
Familiar with group experience
Comfortable being around others
Easy to be with others
Contact with others
Social interaction
Sharing
Gratitude towards therapist
Grateful for the opportunity
Building relationships in the group
Group is like a family
Sense of belonging
Group cohesion
Group member encourages the group
Negotiation
Verbal interactions
Working together
Playing together

Togetherness in the music
Therapist makes mistake
Joint ownership of the music
Sense of togetherness
Mutual enjoyment
Increased group awareness
Mutuality and reciprocity in the music
Connected in the music
Roles emerge within the group
Maintaining joint ownership of the music
Group members join in
Increased awareness of each other
Increased rapport
Group agrees
Interacting with therapist
Various roles in the music
Increased continuity in the music
Singing together
Ending together
Listening to each other
Group involvement
Teamwork
Unity
Sense of mutuality
Acknowledge shared experience
Trust beginning to foster
Trust amongst each other
Group acknowledges the individual
Acceptance and acknowledgement of individual's voice in the group
Fostering interpersonal relationships
Creating together
Interpersonal connection
Shared experience
Awareness of others

Table 5: Clustering of emergent themes from the interviews and audio excerpts with colour coding

4.5.2 Compiling superordinate themes

Once the clustering of themes from both data sources was completed, I gave each cluster of themes a name that represented the superordinate theme. According to Smith and Osborn (2003:70), the researcher tries to make sense of the relationships between the emergent themes, thus some of the themes will be clustered together and others may emerge as superordinate concepts. Below is an example of the emergent themes in clusters, as well as the superordinate themes, which then form the headings for each cluster. Table 6 shows an example of the emergent themes and superordinate themes. For a full list of themes and superordinate themes see Appendix L.

A1 Dealing with challenges
Mindful of challenges
Sometimes feeling alone in the struggle
Others also have struggles
Others have worse challenges
Learning from other people's challenges
Acknowledge challenges in life
Acknowledgement of other people's challenges
Shared struggles
Relating to other people's challenges
Experienced many challenges
Awareness of other people's pain
Explore challenges
Dealing with past events and feelings
Not being kind to others
A2 Negative self-image
Feelings of being a failure
Negative self-image
Addiction as punishment
Making myself suffer
Self-harm
Being judged by others
Dealing with problems in my own way
Individual experience of challenges
Decreased self-esteem

Self-hatred

Self-criticism

Self-punishment

Self-criticism

Strain on family members

Hurting family members

Self-doubt

Nothing in life

No respect for myself

Bottles up feelings

Initial self-hatred

Struggle to comfort others

Challenging to treat myself with kindness

A3 Affirming self

Self-affirmation

Comfortable with myself

Working on yourself

Build yourself first

Begin with yourself

Self-help first

Liking myself

Self-compassion before others

Focus on the individual first

Self-compassion starts with yourself

Self-kindness comes easily

Acknowledges self-compassion as good helpful

Enjoy being myself

Persevering despite challenges

My problems are significant

Self-kindness is treating yourself

Spoiling yourself

Self-kindness

Acknowledge myself

Self-compassion is being passionate about what you do

My moment

Putting myself first

B1 Self-confidence in music therapy

Feeling special

Unique

Initial shyness

Renewed motivation

Self-assurance

Self-confidence

Enjoys a challenge

Reclaiming self-confidence

Unique self

Positive self-image

Shift in experience of speaking in front of others

First time speaking in a group

Group becomes confident

Individual leadership skills

Individual's voice

Strong playing

Comfortable playing

Variation in group's music

Leading the group

Comfortable in the music

Group's voice emerges

Contributing to the music

Forward motion in the music

Feeling safe to explore

Confidence in the music

Hold your own

Autonomy

Willingness to engage

Accented playing

Increased confidence

Free to explore

Exploring in the music

Familiarity in the music

Personal affirmations

Confident to lead

Confident loud singing

Encouraging comments (giving & receiving)

Increased self-esteem

Table 6: Emergent themes and superordinate themes, which form the heading of each cluster.

4.5.3 Main themes and superordinate themes

Below is a table which represents the main themes and superordinate themes. This diagram will serve as a reference when presenting the findings in the discussion chapter.

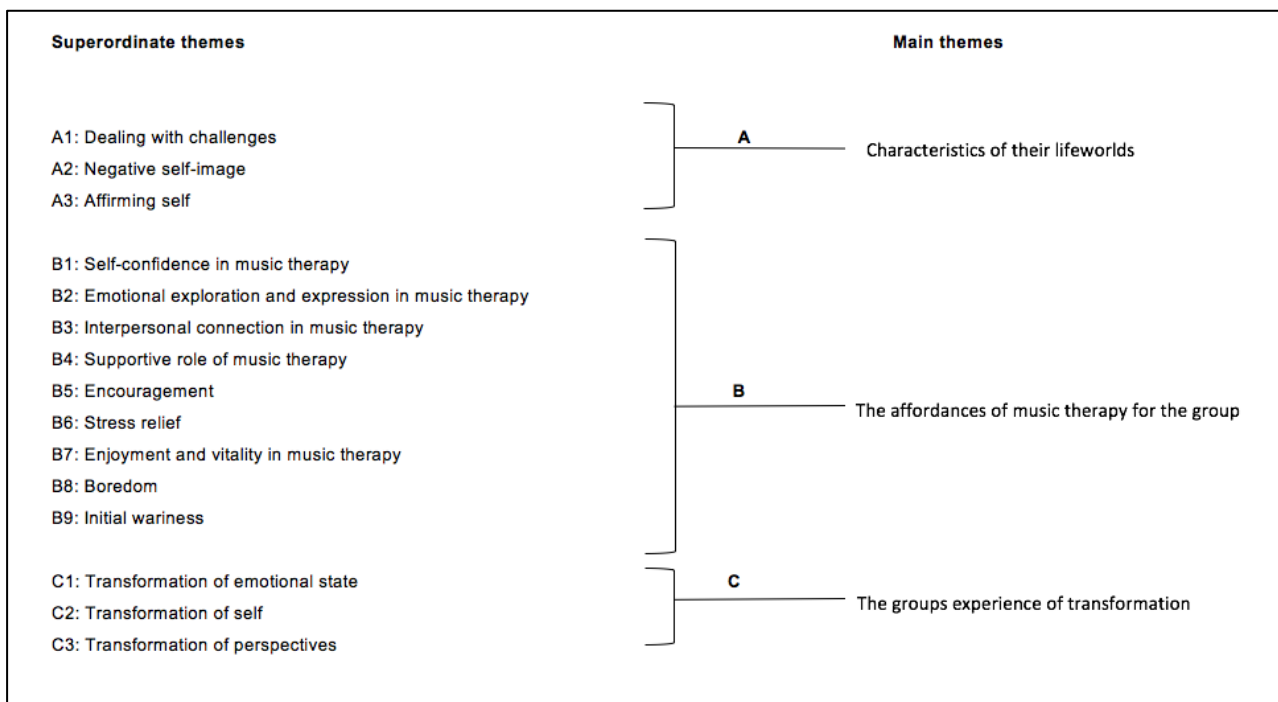


Figure 1: Main themes and superordinate themes

The main themes are broad and this was in order to cluster the superordinate themes into clusters to assist in discussing the findings in a coherent manner. This discussion is headed using the main themes, but focus strongly on the superordinate themes, as they offer a more useful response to the research question.

4.5.4 Writing up

After the emergent themes and superordinate themes had been identified from both data sources, I then grouped together the superordinate themes in order to form main themes. According to Smith and Osborn (2003:76), this stage is concerned with translating the themes into a final statement, which outlines the experience of the participants. The table of themes become the basis of the narrative argument and include verbatim examples from extracts of the data to support the findings (Smith & Osborn, 2003:76). When the researcher is discussing the findings, it is important to clearly articulate the experiences of the participants as they intended and as well as the researcher's interpretation thereof (Smith & Osborn, 2003:76).

4.6 Conclusion

After the analysis of both the interview data and the audio recording data, three main themes emerged. These were: characteristics of their lifeworlds, what music therapy afforded the group, and the group's experience of transformation. In the following chapter I will expand on these concepts by exploring the superordinate themes and main themes in relation to the three constructs of self-compassion (Neff, 2003).

CHAPTER 5

Results and discussion

5.1 Introduction

In this chapter I will discuss the superordinate themes and three main themes, by relating the findings back to the literature review as well as the research question guiding this study. As previously stated the research question that guided this study was as follows: Does group music therapy enhance self-compassion for sexual abuse survivors and, if so, how? I will also make use of direct quotations from both the thick descriptions of the audio excerpts and semi-structured interviews, to demonstrate that my findings are well situated in the data collected.

I have provided a diagram of the superordinate and main themes below (Figure 1). The main themes are labelled A, B, and C and the superordinate themes have corresponding letters and numbers.

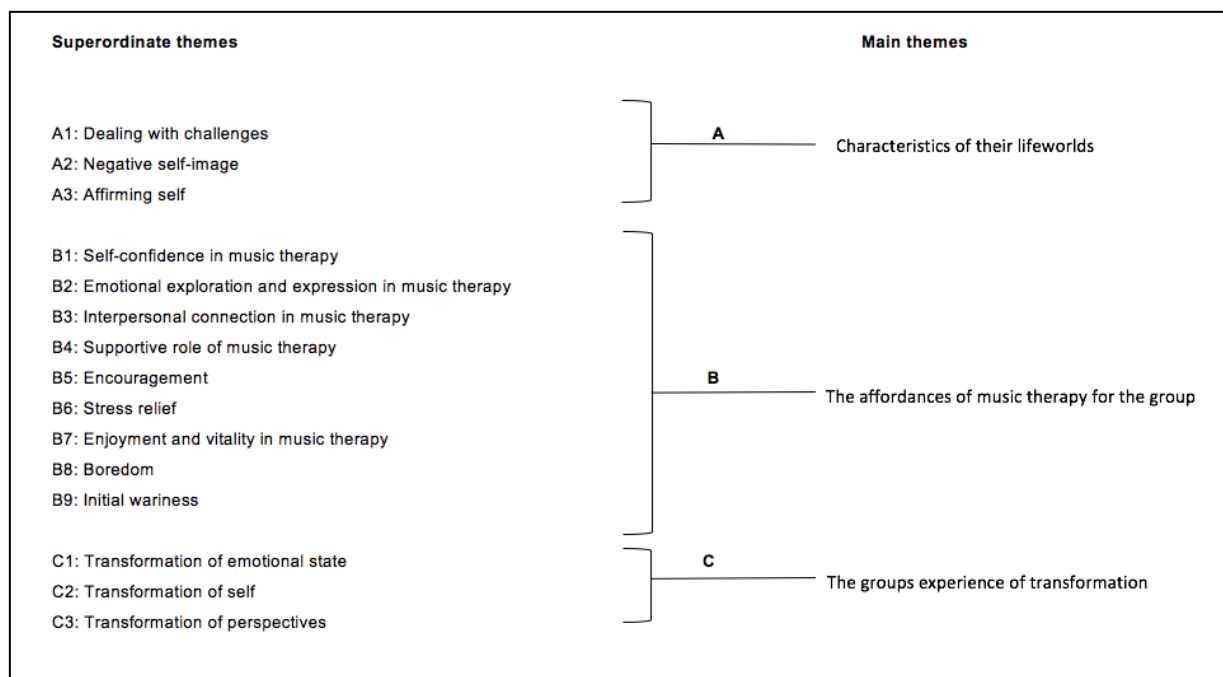


Figure 1: Main themes and superordinate themes

As mentioned previously, three main themes emerged in this study. Whilst each superordinate theme corresponds with different experiences and various moments

within the music therapy process. The superordinate themes have been arranged in a sequence to best capture the data. Whilst I discuss each main theme separately, it is important to note that each superordinate theme and main theme are interlinked.

This research process was framed by Neff's (2003a) three-pronged approach to defining and enhancing self-compassion. As mentioned in the literature review, according to Neff (2003a:89) self-compassion has three main components: self-kindness (extending kindness and understanding to oneself rather than harsh judgment and self-criticism), common humanity (seeing one's experiences as part of a larger human experience and not in isolation), and mindfulness (holding unpleasant thoughts and feelings in a balanced awareness and in a way that avoids over-identification). This approach will be integrated throughout the discussion along with the findings.

5.2. Main theme A: Characteristics of their lifeworlds

In this main theme, I discuss the aspects of the participants' subjective experiences of their external and internal world. The three superordinate themes, explore the participants' experience of and feelings towards dealing with challenges, the negative self, and the affirming self.

5.2.1. Superordinate theme A1: Dealing with challenges

The superordinate theme, dealing with challenges explains the participants' struggles related to the context in which they live, as well as with their past and current relationships. All of the participants in this study live in a violent and poverty stricken area. This was expressed by the participants, as well as experienced by the researcher when conducting this study. One could argue that some of the challenges which the participants experienced are due to living in this context, however I choose to also view their experience of challenges, as a common human experience in reference to Neff's (2003a) concept of common humanity.

In the analysis of the data, an interesting finding emerged in the sense that, some of the participants discussed their challenges by acknowledging what they were and then relating it to the experience of others. In relation to acknowledging her own struggle, participant A explained that she sometimes felt alone in her struggle but also, "there is a lot of people going worse things through than me, you see?". Similarly participant

B explained that, "it's not always like I think ya, maybe we have problems the same, but okay they say someone else's is maybe bigger than yours, but there's sometimes when I feel for my age I went through a lot like a lot". There is a sense of acknowledging one's own struggle as well as the difficulty of viewing one's challenges in the lights of others. Participant A also explains that, "...we had the same sick and same everything also similar, not exactly the same, but similar. But, if she survived it now, why can't I?".

When the participants reflected on their own experience of challenges, it is interesting to note that after they acknowledge their feelings towards it, they then view it in relation to other people. This finding is related to self-compassion as it highlights Neff's (2003a:87) argument, which states that self-compassion involves a process of becoming attuned to and in touch with one's suffering by actively acknowledging it. This may over an extended period of time generate a desire to alleviate one's own suffering in a way that is kind and free of judgement. This finding was surprising because, we did not explicitly discuss viewing one's challenges in relation to others, the participants seemed to naturally do so. Whilst the findings above is not representative of the sample as a whole, it is also important to note the experience of the individuals, as it contributes to the knowledge of the phenomenon being studied. The participants' seemed to gain a sense of motivation to overcome their own challenges when they viewed it in relation to others. Similarly, the literature states that it is helpful to acknowledge our own suffering, in the light of common human experience, because when we do so we find that suffering, pain, and failure are common experiences in every human's life, Neff calls this common humanity (Neff, 2003a:87).

The therapeutic process as a whole, offered the participants a safe environment where the women were not only able to validate their challenges, but they were also given the opportunity to view it in relation to the other group members. This was a helpful exercise in creating awareness and voicing the struggles faced by the participants. The findings are different to studies conducted in self-compassion, therefore, I conclude that group music therapy could be an effective tool in learning about common humanity, a core construct of self-compassion.

5.2.2 Superordinate theme A2: Negative self-image

The literature reviewed in this study shows that people often become self-critical when they experience failure (Gilbert & Procter, 2006:357). When one is self-critical it can often become challenging to self-soothe and self-reassure. In the literature it was also found that increased self-criticism is associated with difficulties in generating self-compassion. Whilst the literature suggests certain psychological effects that occur after one has experienced a traumatic event, such as, post-traumatic stress disorder (PTSD) (Resick, 1993:225), fear (Clum et al., 2000; Resick, 1993), depression (Acierno et al., 2002; Clum et al., 2000; Resick, 1993), loss of self-esteem, social judgment problems, sexual disorders, and anxiety disorders for an undefined period of time (Resick, 1993:225), Campbell, Dworking and Cabral (2009:225) suggest that a survivor's mental health is shaped by their social world and how they make sense of the event. Thus, I can only speculate that the participants expression of the negative parts of themselves stem from the abuse, but also from their social worlds.

In this study, the participants spoke about the things which they did not appreciate about themselves. These views often stemmed from negative past experiences in both their actions and in relationships. The following responses are from the interviews as expressed by the participants:

“No, not always cause most of the times I feel like a failure. So it's not always for me, it's it's not always good too. Most of the time I punish myself, I am addicted to pain killers and stuff like that so, if I feel like, I suma drink a handful of pain killers...” (Interview B, line 44-46, participant B)

“(Pauses and sighs heavy) I hated myself, really. I (pause), for instance how can I say... for me it was just ya “You deserved it”. I was a person, everything bad coming to me I decided, I deserved it because I hurt my mother in the worst possible way ever. Running away from home, so for me it was just...Ag man (hits lap), “You just a flop in life and that's that.”” (Interview B, line 94-98, participant D)

“I hated myself, I didn't like the things I did and stuff like that.” (Interview C, line 45)

Engaging with these emotions was an important factor in understanding self-compassion and the components thereof with the group. It was evident that participants explicitly expressed feelings of failure, negative self-image, self-criticism and self-punishment. As the literature suggests, individuals may shame themselves through internal dialogues, whereby they critically attack the part of the self that is perceived as unfavourable. However, shame can be countered with a self-compassionate and nurturing internal dialogue (Harman, 2005:46). In this study we explored the participants feelings of shame, failure, negative self-image, and self-criticisms, and how they might use self-kindness in these situations. Whilst there were certain shifts that took place with the group as well as in individuals throughout the process and these will be explored later, there seemed to be resistance towards exploring and expressing the parts of themselves that they did not particularly care for. As the process continued, the participants began to more openly speak about these parts of themselves.

5.2.3 Superordinate theme A3: Affirming self

In the analysis of the data, it was found that the participants also affirmed themselves through the exploration of self-compassion in sessions. The participants gave the following responses as to what it meant to be self-compassionate:

“[Pause] treating myself? I like to treat myself, like I go out and spoil myself that is my treat, to be kind to myself.” (Interview A, line 28-29)

“...(breathes in and out deeply) For me treating myself with kindness is, I just like me. I want to be that unique person, I just wanna have my 15 minutes of fame every single day, my mother knows that. I lock my door, lie down, write my music, listen to other music, that’s me.” (Interview B, line 39-42)

“Just being me [pause] no thoughts about others, no negative stuff, nothing.” (Interview C, line 68)

For example, in audio excerpt 3 the participants were paired and chose words of affirmation for each other. The group sang each participant’s words to them in a song composed by the therapist. When we sang together and highlighted each person’s words, the group sang with enthusiasm and moved their bodies to the music. During the singing, there seemed to be a sense of pride in acknowledging and experiencing

self-affirmation amongst the participants. The findings highlighted by this superordinate theme is related to self-compassion and more specifically self-kindness, which is one of the core concepts, because the music therapy process offered the participants opportunities to explore extending kindness and understanding to oneself rather than harsh judgment and self-criticism in a nurturing environment (Neff, 2003a:89).

5.3 Main Theme B: The affordances of music therapy for the group

The second main theme encompasses the data related to what music therapy afforded the group. I have chosen to group certain superordinate themes together for this section of the discussion as all superordinate themes and themes are related not only to this main theme, but are also to be viewed in relation to the other two main themes, thus I have tried to keep my discussion as interrelated as possible.

5.3.1 Superordinate theme B1: Self-confidence in music therapy

The literature reviewed earlier does not include any findings regarding self-confidence in music therapy with this population group. Self-confidence was not an explicit goal for the music therapy sessions in this study however, through the response of the participants as well as the analysis of the audio excerpts it was evident that the music therapy sessions offered opportunities for self-confidence. When I interviewed the participants, I did not ask questions that related specifically to self-confidence however, when asked about her experience of the music therapy session/s, participant B described it the following way, “like, I’m taking my self-confidence back most of the time so, ya”. Similarly, in a different interview, when I asked participant A how she feels about herself in the music therapy sessions she said, “Yoh, like what can I say, I think the world about myself. I think yoh, I know I’m beautiful”.

In the music therapy sessions, it was also evident that when the participants sang and improvised together they increased in confidence over the six-week period. For example, a drumming improvisation taken from audio excerpt 1 (session 1), the participants were wary when they began playing together, however as they continued the music reflected, togetherness and increased energy. More so, the group’s voice began to emerge within the music and the therapist was able to step back and let the participants lead the music. This was also evident in the second audio excerpt where the participants composed and sang their own song. Autonomy and confidence in the

music was heard, as the group lead the music and introduced new musical ideas as the song continued.

From the participants' responses and the analysis of the audio excerpts, it can be concluded that group music therapy afforded the participants an opportunity to explore and experience self-confidence. This proved to be a meaningful experience for the participants and enhanced the music therapy process. Whilst self-confidence was not included in the literature that was reviewed earlier, I speculate that the experience of self-confidence in the music therapy in this study enhanced the participants experience as well their exploration of self-compassion

5.3.2 Superordinate theme B2: Emotional exploration and expression in music therapy

During this study, it was evident that emotional exploration and expression occurred in the sessions itself. Participants would often describe the emotions they had experienced after we completed an activity, such as song writing, group singing, drumming, or drawing to music. According to Saarikallio and Erkkila (2007:12) music is an effective medium through which is able to express negative feelings such as depression, sadness and anger non-verbally. Thus, using music as a self-expressive tool can allow for exploration into one's emotions and feelings both verbally and non-verbally. In the interview data it was found that when the participants were asked to discuss which moments stood out for them in the session/s, or what has been the most valuable part of the music therapy process, they mentioned, "Speaking about my emotions" and " when I tell about my feelings."

Similarly, in audio recording 2 (thick description 2) , the group wrote lyrics to a pre-composed song (*Where is the love* by The Black-Eyed Peas (2003)) with help from the therapist. The participants were paired and asked to write a verse that contained a message, which they would like to tell the people who have hurt them the most. When we sang the completed song together, the music therapist accompanied the group members on the guitar as they played various percussive instruments. Below are the lyrics to the song written by the participants:

I'm a survivor, I'm a forgiver
Only God can judge me
So please stop with your backstabbing.

Your mother don't want you
So I can beat you up
She won't even care what's happening to you

Get a life or go fly a kite
Or I will stand up and fight
There won't even be a worry, cause you'll be the one who's sorry

The music of the group was energetic, intense and some of the lyrics such as, “Only God can judge me”, “ Get a life and go fly a kite”, and “ You won't even care what's happening to you” were emphasised. When the participants sang these lyrics together, there was a surge of energy and agency, the group also showed awareness of each other in the music. Towards the end of the song we naturally moved towards a freer improvisation. Here some of the participants closed their eyes whilst singing, others swayed and the music continued to flow until it came to natural stop. It seemed as though the group had experienced catharsis in the context of a shared group experience. This finding supports the literature reviewed earlier in which studies on group music therapy and sexual abuse survivors offered opportunities for participants to safely explore their feelings (MacIntosh, 2002:22), as well as the use of group singing which offers the participants the opportunity to tell their story in a manner that was validating (Curtis, 2007:200).

The findings of this study relate to self-compassion, and more specifically Neff's (2003a) component of mindfulness, which she describes as holding unpleasant thoughts and feelings in a balanced awareness and in a way that avoids over-identification (Neff, 2003a:89) because within each session there is an opportunity for the participants to explore and express their emotions. For example, in an individual interview, participant B expressed her experience of the music therapy sessions as follows, “Cause, most of the times I feel like, to be honest, I feel like just, God please just take me away now. So it's like being here, it's it's nice. It puts me in a different perspective”. It is clear that this participant experienced a shift within her experience, she identifies thoughts or feelings that she often has to deal with, and she also experiences the sessions as something that is different. The findings are consistent with the literature reviewed, however there is no specific literature, which addresses the use of music therapy as a tool in enhancing self-compassion.

5.3.3 Superordinate themes B3: Interpersonal connection in music therapy

B4: Supportive role of music therapy

B5: Encouragement

I will speak about these three superordinate themes together as they are interlinked. As reviewed in the literature, it is important for sexual abuse survivors to receive social support and counselling in order process their experience of the abuse (Frazier & Burnett, 1994:633). However, In the South African context counselling and support after the abuse is not available to all survivors and some may have negative experiences when they seek emotional support at counselling centres (Campbell et al., 2001:1240). The literature highlighted a need for social support to be available to the survivors.

As mentioned previously, one of the goals that were set of the group music therapy sessions in this study was to offer opportunities for interpersonal connection. When the participants were asked to describe their experience of being in a group these were the following responses of the participants:

“ It was like a family.” (Interview C, line 25)

“Cause , I’m a, I like to stick to myself I’m not someone that talks to people and stuff like that. So, I’s actually nice for me.” (Interview B, line 58-59)

“ Easy, for me it’s like my thing, to be with people than to be alone.” (Interview A, line 48)

As explained by the participants, the group music therapy sessions seemed to have facilitated opportunities for increased social interaction and provided an opportunity for interpersonal connections. The following responses highlight this experience as explained by the participants in relation to making music with the group:

“...it was just nice and in the beat nice.” (Interview A, line 46)

“Nice, it felt lovely, amazing. Like I’m sharing my passion with the everyone else, it’s nice.” (Interview B, line 74)

“ Like I belong.” (Interview C, line 31)

Similarly, the groups interaction during the music therapy sessions both in and outside of the music highlighted the importance of having an opportunities for interpersonal connection. Audio excerpt 1 and 3 highlight how the participants interacted together and with the therapist throughout the process. When the participants played and sang together in these clips, there was a sense of togetherness in the music, playfulness, negotiating, working together, taking ownership of the music, encouragement, increased rapport, the group supporting each other, and there is connection within the music. In this study, the group music therapy process facilitated opportunities for the participants to experience interpersonal connection and the support and encouragement of both the participants and of the therapist. This finding supports the literature reviewed regarding music therapy with this population group which has shown to provide social cohesion and social support (Carr et al., 2012:19), build interpersonal relationships with the therapist and the group (Amir, 2004:97), and freedom and safety to explore their feelings (MacIntosh, 2002:22).

The findings are also linked to self-compassion and the research question guiding this study as it links to Neff's (2003a) concept of common humanity, which is defined as seeing one's experiences as part of a larger human experience and not in isolation. The group offered the participants an opportunity to foster interpersonal relationships and social interaction, which may have been a contributing factor in exploring their common humanity. The findings also support literature on self-compassion group therapy, which has shown to provide mutual support in sharing common fears and experiences (Judge et el., 2012:427). I was unable to find literature which explored self-compassion in group music therapy and thus, conclude that group music therapy is effective in fostering interpersonal relationships, support and encouragement for participants in this client group and can therefore contribute to enhancing self-compassion for individuals.

5.3.4 Superordinate themes B6: Stress relief

B7: Enjoyment and vitality in music therapy

The literature did not explicitly include findings on stress relief, however, stress relief became one of the main focuses of the sessions in this study with his group. In the literature that was reviewed for this study, findings in previous studies suggest that music has the ability to access all of the senses and similarly, music improvisation is able to offer a safe and creative environment for an individual to connect the mind and

the body (Volkman, 1993:250). During this study, the group members would always request a relaxation exercise each week and it was something that they looked forward to. At the beginning of each session, I did a check in with each participant and often they would say that they are sick, stressed, or sad. The music therapy sessions became an escape or moment of relief from what the participants were experiencing at home and in their wider community. In an interview, which was conducted after the first session, participant A described her experience of this in the following way, “Um to be honest, I came here full of stress... I feel, ag, like I’m open now. I feel like a different person” (Interview A, line 10-13). Similarly, participant B described her experience as, “ Mostly the music that made me very (breathes in and out). Cause when I’m at home and people like errr (shakes head and hand uses hand gestures)” (interview B, line 32-33). The music therapy sessions offered the participants stress relief albeit only in that moment or in the session.

Stress relief is related to self-compassion as it encourages self-kindness and understanding, seeing your experience as part of a larger human experience and not in isolation, and holding unpleasant thoughts and feelings in a balanced awareness (Neff, 2003a:89). It became important to acknowledge the stressful feelings and situations that the participants expressed, and translate the experience of the stress as well as the potential relief thereof through music. When analysing the audio excerpts it was found that intensive drumming improvisations afforded moments of stress relief. The following quotes are taken from the first session (thick description one) after the group played together in a drumming improvisation. The therapist asked each group member what they were experiencing after the improvisation:

““Nice, I feel yoh!” (line 91)

“ No, I can’t explain myself now, I feel much better, the music now...” (line 95-97)

“ It feels like I’m taking out all my frustrations on the drum...” (line 101-102)

“no fighting just (hits on drum)” (line 105)

“Much better, all the stress comes out lekker” (line 107-108)

“ You don’t think of problems or anything because you concentrating on the beat that you playing.” (line 109-111)

Similarly in the data collected from the individual interviews, the participants expressed stress relief within the sessions. When the participants were asked in the interview to describe their experience of the music session/s and as well as how they felt after the session, the participants expressed this with the following responses:

“Yoh, I’m feeling free [hand gestures], at ease [breathes out].” (Interview A, line 93)

“So it’s like being here, it’s it’s nice. It puts me in a different perspective.” (Interview B, line 11)

“And today’s session actually put me right where I want to be. Calm, collected.” (Interview B, line 25-26)

“For me it was relaxing. Hoe kan ek nou se? I felt free.” (Interview C, line 7)

“It make me feel more relaxing and more relaxed.” (Interview C, line 62)

I have chosen to cluster the superordinate themes *stress relief* and *enjoyment* together, because often after a group exercise such as, singing, drumming and dancing, the groups’ experience of enjoyment and vitality in the music facilitated the movement towards releasing stress. From the analysis of the audio recordings, the participants expressed cheering, playfulness, laughing and smiling, body movement and an increase in energy. In audio excerpt 3 (thick description 3), for example, the group are singing affirmation words, which they have chosen for each other. The group sings the words back to each participant in a song facilitated by the therapist. In the middle of the exercise, the groups energy increases, they move their bodies to the music, laugh together and begin to cheer for each other using phrases such as, “You go girl!” and “That’s me!”. There was rapport between the group members and the therapist, the music was supported by the group and there was a sense of mutual enjoyment. Below are examples of participants’ experience of the music therapy sessions:

“I’m feeling great! [laughs]” (Interview A, line 97)

“Uplifting.” (Interview B, line 149)

“I’m just thankful for you for giving us this opportunity so...” (Interview B, line 155)

“Oo awesome! [Smiles and laughs]” (Interview C, line 72)

Whilst stress relief was not an explicit goal for this therapy process it became a significant aspect of my work with this group, as it enhanced the group experience and seemed to allow for an in-the-moment experience of the session. In the analysis of the data it is also clear that enjoyment and vitality was an important factor in facilitating an opportunity for stress relief to occur. Stress relief is linked to self-compassion, as the literature suggests that by enhancing self-compassion, one can exercise self-regulation more effectively in terms of stress management, goal setting, and risk taking (Neff, 2003:94). Lastly, Many of the participants found that their experience of stress relief allowed them to momentarily escape from their challenges and draw their focus towards themselves. From the analysis of the interview data and audio recording data, it can be concluded that music therapy offered opportunities for stress relief for sexual abuse survivors in this study and may be a contributing factor to enhancing self-compassion.

5.3.5 Superordinate themes B8: Boredom

B9: Initial wariness

In this section, I have chosen to acknowledge that the group music therapy process had moments when specific interventions did not work and needed to be adjusted to suit the group. When reflecting on the data, it was found that these moments occurred when singing or instrumental improvisations continued for too long and this impacted on this focus of some of the group members. This aspect of my work is important to acknowledge as it provides suggestions for future studies and should not be seen as a limitation.

Initial wariness was expressed by most participants at the start of music therapy sessions in both the interviews and sessions themselves. For example in session one, the group played their first drumming improvisation together, this is explained in detail in thick description one. During this exercise, the group members seemed shy and

wary to participate at times and participant A often assumed a leadership role in leading the group. The wariness reflected in group's music, as the pulse was often fragmented and the music did not flow. However, as the improvisation progressed, the group members seemed less wary of the experience and the music became more coherent. It is possible that some of the group members experienced wariness for a number of reasons. I speculate that it may be a combination of music therapy as a new experience, shyness, and not knowing the other group members well.

5.4 Main Theme C: The group's experience of transformation

The third main theme explores the participant's experiences of transformation both in sessions or over the duration of the study.

5.4.1 Superordinate themes: C1: Transformation of emotional state

C2: Transformation of self

C3: Transformation of perspectives

From the data collected during this study, it is clear that the music therapy sessions were meaningful to the participants. Some of the experiences as reported by the participants included a decrease in negative thoughts, shift in emotional states, shift in behaviour, transformation of self, and shifts in perspective. Below are examples of how three participants described these experiences:

"I feel like a different person now. Thank you." (interview A, 13)

"If I feel like, I suma drink a handful of pain killers, but since I've been in your class, like I haven't even touched the pain killers since that time. Only last night when I felt" (Interview B, line 46-47)

"Ya... Something's happening, I can't describe it, but it's amazing, really."
(interview B, line 55)

"It makes me also find things about, out about myself." (Interview C, line 83)

The music therapy sessions offered the participants opportunities for self-reflection and self-discovery, as well as opportunities to experience change and the encouragement to change. This relates to self-compassion because the data clearly

shows a movement towards the concept of self-kindness, self-acceptance and self-discovery. More so, the participants commented on how they may transfer tools from the music therapy sessions into their daily life in the following responses:

“...as I go home I try to remember what I’ve learnt here and that keeps me on during the day and for the rest of the week.” (interview B, line 18)

“Well there’s more quietness in my house. We learn to get along now.” (interview C, line 21)

Other personal experiences of transformation included self-compassion as a new concept, how self-compassion transfers to your family and the benefits of being open minded. The experience of learning about what self-compassion entails was a significant moment for participant B by saying, “For me, I never knew it was there so for me it’s life the first time I experience something like... it’s like the first time learning how to swim”. Not only did she acknowledge that self-compassion is something she is busy navigating she also mentions that it begins with herself and only then can she transfer it to her family. Participant B describes this by saying, “ For me, self-compassion is like; if I don’t have compassion for me, then I won’t have compassion for my kids. Cause self-compassion starts with you first.” This is an important finding in the data, as the participant clearly states that she needs to begin with herself. Neff (2003a:87) in enhancing self-compassion, one begins to understand one’s suffering and pain, as a larger human experience. Thus, music therapy afforded a space for participants to reflect on self-compassion and how they may begin to enhance it in their own lives.

In conclusion, the findings suggest that group music therapy sessions for sexual abuse survivors offered opportunities for the participants to engage with self-compassion and over time begin to integrate it into their daily lives. It also offered them opportunities for transformation of the emotional state, self, and perspective. Although these transformations may have been momentarily, the experience was seen as worthwhile and meaningful to the participants.

5.5 Conclusion

Having discussed and expanded on the findings of this study, I will, in the final chapter, conclude this dissertation by summarising my findings and the contributions of this

study to research in exploring self-compassion in group music therapy with sexual abuse survivors.

Chapter 6

Conclusion

To conclude, the aim of this study was to explore how closed group music therapy sessions may enhance self-compassion as reported and expressed by sexual abuse survivors. The sessions were designed to create a safe and contained environment for the women to experience self-expression, exercise self-kindness, mindfulness, common humanity, interpersonal connection and self-confidence through various vocal and instrumental activities, such as song-writing, group singing, instrumental and vocal improvisations and drumming. When analysing the semi-structured interviews and thick descriptions written from the audio excerpts from the sessions, the findings show that group music therapy sessions offered the women a safe space to explore self-kindness and reflect on the challenges they have faced and continue to face. It also provided a space for the women to foster renewed motivation and encouragement for the week ahead, through the interpersonal connections experienced in the session. Moreover, we were able to begin to explore the emotions attached to various traumatic experiences the women have encountered.

The group music therapy sessions offered the participants opportunities to explore their lifeworlds within a safe and contained environment. From this experience the following aspects were salient in the work with this group; self-confidence, interpersonal connections, the experience of being supported, encouragement, enjoyment and vitality, stress relief, emotional exploration and expression and transformation or transfer into daily life. The findings of this study are consistent with current literature, however, it was found that meeting in a group regularly was beneficial, as it offered opportunities for the participants to engage with women who have had similar experiences and it offered support, encouragement and motivation. There also seemed to be a need for stress relief and relaxation during the sessions, this became an important aspect in my work with this group. The musical components of the sessions helped facilitate such experiences and also assisted in creating an environment where the participants were engaged and fully present. Finally, music therapy interventions assisted in facilitating self-compassion and self-expression in a multi-layered approach which incorporated various verbal and non-verbal components.

Limitations

A limitation for the study is the volatile context in which we worked. This resulted in scheduling difficulties and a shift in session times due to shootings in the area. Ideally, there should be no disruptions and the six weeks should have been consecutive. Also, the number of interviews was limited by the strict time constraints at the centre with regard to transportation. It would have been ideal to incorporate more interviews into the process, so as to acquire more data and to achieve saturation of the data. Thus, the interviews did not capture the views of all the participants. The recordings of sessions did, however, contribute towards allowing for the views of all participants to be included to some degree. It may have been more beneficial to conduct a focus group interview at the end of the last session as an alternative, so as to involve all participants in the reflection process.

The researcher took on a dual role as both therapist and researcher/interviewer and it could have been possible that participants felt they needed to answer the questions in a particular way. It was found that although the interviewees were given the choice for the interview to be conducted in English or Afrikaans, all insisted on English, however Afrikaans is their first language. This did result in participants becoming confused by certain questions or having difficulty in expressing their opinions. It is also important to note that the interviewees may have felt obliged to give a positive response, as they were aware that this was a research study and they may have also been cautious in not hindering future music therapy sessions taking place at the centre. It would be beneficial to address this in the first session, as well as in each interview. Participants should be aware that their response will not hinder future therapy processes and that they should feel comfortable to answer the questions in any way that they choose.

This study adopted an Interpretive phenomenological approach and with this comes its own limitations. It is important to note that, due to the nature of the study, participants may have varying thoughts and opinions on a different day. The data collected for both the semi-structured interviews and thick descriptions from audio excerpts are all in-the-moment accounts.

Recommendations

Recommendations for future research emerging from this study includes further research into the use of music therapy to enhance self-compassion in this population group as well as others. Also, more focused evaluation regarding incorporating music therapy in mindfulness techniques with this population group could be explored. I would also recommend that more interviews are conducted and that they process is extended, unfortunately due to time constraints given by the centre, this was not possible.

Findings

The findings of this study show that group music therapy with sexual abuse survivors offered opportunities for participants to explore their lifeworlds within in a safe and contained environment. The music therapy sessions also offered opportunities for self-confidence, interpersonal connections, the experience of being supported, encouragement, enjoyment and vitality, stress relief, emotional exploration and expression, and transformation into daily life, and lastly, the exploration of self-compassion.

7. Reference list

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Audio

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8. Appendices

Appendix: A



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF HUMANITIES

MUSIC DEPARTMENT

MUSIC THERAPY UNIT

TEL (012) 420-2316/3747 FAX (012) 420-2248

PARTICIPANT INFORMATION FORM

Title: Exploring self-compassion: Group music therapy with sexual abuse survivors

Dear _____

I am conducting a research study on group music therapy with sexual abuse survivors. The aim of the study is to explore how sexual abuse survivors may benefit from weekly music therapy sessions with a focus on self-compassion. The sessions will include a variety of music activities within a group setting, such as drumming, musical improvisations, movement, song writing, and drawing/painting to music. The group will be available to those who are present at (name of centre). I would be grateful if you are willing to take part.

At the end of the process I will conduct interviews with each member of the group in order to talk with you about your experience of the process. All interviews and group music therapy sessions will be audio recorded.

Dates of sessions:

Time that the sessions will take place:

Venue: (Name of centre)

By taking part in this study you will gain the opportunity to participate in six weekly group music therapy sessions if you so choose, and the research from this study will contribute to further knowledge on music therapy with sexual abuse survivors. Participation is voluntary and you can withdraw at any given time. I will not be using your name in any documentation. I won't include any information that could identify you. All personal information will remain confidential and private. All data collected will be stored securely at the University of Pretoria for 15 years. If you do choose to withdraw from the study, all data pertaining to you will be destroyed.

Should you have any further questions, please do not hesitate to ask.

Your participation will be greatly appreciated.

Many thanks,

Danielle McKinnon

MMus (Music Therapy) student/researcher

Email: danni.mckinnon@gmail.com

Supervisor: A. Van Heerden

Email: dentist.0144746@gmail.com

Appendix: B



UNIVERSITEIT VAN PRETORIA
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FACULTY OF HUMANITIES

MUSIC DEPARTMENT

MUSIC THERAPY UNIT

TEL (012) 420-2316/3747 FAX (012) 420-2248

INFORMED CONSENT FORM

Date: _____

MUSIC THERAPY RESEARCH STUDY: PERMISSION TO PARTICIPATE

I _____ hereby give/do not give my consent to participate in this research study by attending the group music therapy sessions and interview. I also grant/do not grant permission for the sessions to be audio recorded. I understand that I may withdraw from the study at any stage.

With full acknowledgement of the above, I agree to participate/not participate in this study on this _____(day) of this _____ (month) and this _____ (year)

PARTICIPANT DETAILS:

Participant name: _____

Signature: _____

Participant Contact Number: _____

Date: _____

RESEARCHER AND SUPERVISOR:

Researcher Name: _____

Researcher Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

Appendix: C

Consent form for: Centre in Lavender Hill, Cape Town



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FACULTY OF HUMANITIES

MUSIC DEPARTMENT

MUSIC THERAPY UNIT

TEL (012) 420-2316/3747 FAX (012) 420-2248

CONSENT FORM

Date: _____

MUSIC THERAPY RESEARCH STUDY: CONSENT FORM

I _____ hereby give/do not give my consent for group music therapy sessions to be conducted by Danielle McKinnon at (name of centre) and for interviews to be held with participants after the process at _____. I also grant/do not grant permission for sessions and interviews to be audio recorded.

DIRECTOR'S DETAILS:

Director name: _____

Signature: _____

Director's Contact Number: _____ Date: _____

RESEARCHER AND SUPERVISOR:

Researcher Name: _____ Date: _____

Researcher Signature: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

Appendix: D

Interview guide



UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that you will remain anonymous and none of your personal information will be divulged in any records of this interview. I would also like to inform you that this interview will be audio recorded. If you are comfortable with that, we may begin.

1. How did you experience the music therapy session(s)?

Probes:

- Are there any moments that stood out for you?

2. What feelings did you experience during the session(s)?

Probes:

- Were you able to express those/that feeling(s), during the session(s), if so, how?

3. What do you think treating yourself with kindness might be about?

Probes:

- Is that something that you might have experienced?
- Is it difficult or easy to do?
- Do you feel that this has shifted in any way during this process of therapy?

4. How did you experience being in this group?

Probes:

- What were your relationships like with others in the group?
- Did the music making affect your interaction with others in the group? If so, how?

- 5. How did you feel when you were making music with the group?**
- 6. Are there times that you feel like you are the only person who has gone through what you have been through?**

Probes:

- Are there times when you feel as though there are others around you who have been through similar situations to you?
- What was your experience in this group like in relation to that?
- How did that make you feel?

- 7. How did you feel about yourself at the beginning of the music therapy process/session?**

- 8. If I say the phrase: “being fully present and aware of yourself and those around you” what does that make you think of?**

Probes:

- What do you think that means?
- Is it something you experience?
- Do you think it's helpful or not really?
- Has this process of therapy given you any opportunities to experience that?

- 9. What is your understanding of what self-compassion is?**

Probes:

- Do you feel that it is something you experience? Could you talk a bit more about that?

- 10. Do you feel that this music therapy process/session has impacted your experience of self-compassion in any way? Could you describe that?**

- 11. How did you feel about yourself at the end of the music therapy process? (Include question if it is the last session)**

- 12. What do you think was the most valuable part of the music therapy process/session for you?**

- 13. Can you give me one word or phrase to describe your experience of the group music therapy session(s)?**

14. Before we close off this interview, is there anything that you would like to add?

Thank you for helping me find out more about your experience of the group music therapy session(s).

Appendix: E



UNIVERSITEIT VAN PRETORIA
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YUNIBESITHI YA PRETORIA

Session plan- Session 1

Date: 13th July 2017

Welcome	<ul style="list-style-type: none">- Welcome and discussion about consent forms (sign) and dates- Explain self-compassion
Ice breaker and discussion	<ul style="list-style-type: none">- Each person picks an object that best describes them- Discussion
Drumming	Structured <ul style="list-style-type: none">- Basic beat each play motif- 'In this space' game (colour, food, animal, season)- Add onto each person's beat Free drum playing
Draw yourself exercise	<ul style="list-style-type: none">- I would like you to draw yourself whilst I play this piece of music (<i>music</i>)- Take 6 pieces of paper whilst the music plays (<i>music</i>) <ol style="list-style-type: none">1. 3 words that you would use to describe yourself2. 3 words/things other people have said about you
Discussion	Write down themes/use marbles if needed
Close off	<ul style="list-style-type: none">- Relaxation (<i>music</i>)- One word/phrase to describe your experience of the session today

Session plan- Session 2

Date: 20th July 2017



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Welcome	<ul style="list-style-type: none">- Welcome and check in with each group member (week happenings)- Group norms and safe space (how can we make it a safe space)- Talk about self-compassion (3 facets)
Drumming	<p>Structured</p> <ul style="list-style-type: none">- Copy cat- Keep beat going- Conductor <p>Free drum playing/ set intention (nature, free- relate to last week)</p>
Song writing exercise/ clay exercise	<ul style="list-style-type: none">- Group as a whole or all together.- Begin by singing known verse and chorus on 'la'- Negotiate with the group how they would like the song writing to go. <p><u>Questions:</u></p> <ol style="list-style-type: none">1. What would you like to say to the people who say these negative things to/ about you?2. Something you would like to say to your community/family3. What can you tell yourself/ friend who is experiencing these feelings of hurt or who have critical self-attitudes?

	<ul style="list-style-type: none"> - Sing and silence at the end-move straight to clay.
Clay exercise	Mould a sculpture to represent the feelings in the room right now (<i>music</i>)
Close off	<ul style="list-style-type: none"> - Relaxation (<i>music</i>) - One word/phrase to describe your experience of the session today
Interview	No interview today

Session plan- Session 3

Date: 27th July 2017



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Welcome	<ul style="list-style-type: none"> - Welcome and check in with each group member (week happenings) - Blue bag (something that describes how you are feeling today) <i>MUSIC</i> - Today we are going to focus on self-kindness and mindfulness
Movement	- Movement with scarves/Pilates ball
Drumming	Structured <ul style="list-style-type: none"> - Copy cat Free drum playing/ set intention nature, free- relate to last week/ link to blue bag
Song writing exercise	<ul style="list-style-type: none"> - Group as a whole or all write another verse to the song. <u>Questions:</u> <ol style="list-style-type: none"> 4. What would you like to say to the people who say these negative things to/ about you? 5. Something you would like to say to your community/family 6. What can you tell yourself/ friend who is experiencing these feelings of hurt or who have critical self-attitudes? Discussion surrounding self-kindness
Lyric analysis	<i>'music</i> Discussion
Close off	<ul style="list-style-type: none"> - Relaxation (<i>music</i>) - One word/phrase to describe your experience of the session today
Interview	1 interview

Session plan- Session 4

Date: 03 August 2017



UNIVERSITEIT VAN PRETORIA
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Welcome	<ul style="list-style-type: none"> - Welcome and check in with each group member (week happenings) - Today we are going to focus on self-kindness and mindfulness
Movement	- Movement stretching (<i>music</i>)
Drumming	<p>Structured</p> <ul style="list-style-type: none"> - Copy cat <p>Free drum playing/ set intention nature, free- relate to last week/ link to blue bag</p>
Pick 3 words and singing	<ul style="list-style-type: none"> - Ask each member of the group to pick 3 words that best describes them (<i>music</i>) - Lay them out on the floor and we sing about them.
3 circle exercise	<p>3 questions</p> <ol style="list-style-type: none"> 1. Where you were in your journey (the start) (<i>music</i>) 2. Where you are currently in your journey. (<i>music</i>) 3. Where you see yourself in the future. (<i>music</i>)
Close off	<ul style="list-style-type: none"> - Relaxation (<i>music</i>) - One word/phrase to describe your experience of the session today
Interview	(1interview)

Session plan- Session 5

Date: 8th August 2017



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Welcome	<ul style="list-style-type: none">- Welcome and check in with each group member (week happenings)
Movement	<ul style="list-style-type: none">- Movement stretching (<i>music</i>)
Drumming	Free drum playing/ set intention nature, free- relate to last week/ link to blue bag
Pick 3 words and singing	<ul style="list-style-type: none">- Ask each member of the group to pick 3 words that best describes them (<i>music</i>)- Lay them out on the floor and we sing about them.
Friend exercise	<ul style="list-style-type: none">- Listen to the music and think of a challenge in the last week and the feelings attached to that. What do you say to yourself in those moments? Write down those feelings/words- Get into pairs (cloth)- Discussion- Which tools apply? <p>(Music)</p>
Close off	<ul style="list-style-type: none">- Relaxation (<i>music</i>)- One word/phrase to describe your experience of the session today
Interview	(1 interview)

Session plan- Session 6

Date: 10th August 2017



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Welcome	<ul style="list-style-type: none">- Welcome and check in with each group member (week overview)
Drumming	Free drum playing/ set intention nature, free- relate to last week/ link to blue bag
Draw yourself exercise	Whilst the music plays draw yourself/something that represents yourself. (music) Whilst the second piece plays write <ul style="list-style-type: none">- 3 words that describe your experience of this process.- 3 things you will take away with you. Have other picture next to it. (music)
Pick 3 words and singing	<ul style="list-style-type: none">- Ask each member of the group to pick 3 words for each other (music)- Lay them out on the floor and we sing about them.
Box exercise	Discussion about the process and put everything in the box. Each member of the group ties a ribbon around the box.
Close off	<ul style="list-style-type: none">- Relaxation (music)- One word/phrase to describe your experience of this process- use sparkler.
Interview	(1 interview)

Appendix: F- Interview transcripts with notes

Interview A

Session: 1

Date: 13th July 2017

Interviewee: B.W (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Notes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that you will	
2	D.M	remain anonymous and none of your personal information will be divulged in any records of this	
3	D.M	interview. I would also like to inform you that this interview will be audio recorded. If you are	
4	D.M	comfortable with that, we may begin.	
5	B.W	Okay, no fine. No problem.	
6	D.M	So, the first question I have for you is, how did you experience the music therapy session now?	
7	B.W	Yoh, it was unexplainable what I, I had a good session, I can't explain. I am feeling much better.	Seems excited and happy
8	D.M	And, are there any moments that kinda stood out for you? Or something that really stood out for	
9	D.M	you?	
10	B.W	Um to be honest, I came here full of stress. I just woke up, washed me and didn't eat, and I like	Facial expressions Sighs

11	B.W	to eat, my mommy said there's no bread, I said, "OMG" <i>[Sighs and laughs]</i> Okay but it's fine, I'm	
12	B.W	still going (to the session). But besides that now, I feel ag, like I'm open now <i>[hand gestures]</i>	Seems to be a shift in initial emotion
13	B.W	I feel like a different person now. Thank you.	Shift is verbally expressed
14	D.M	So, there wasn't like one specific moment that stood out for you? Did the whole session make you	
15	D.M	feel how you described now?	
16	B.W	Yoh, I can't <i>[laughs]</i> , it's like I can't explain myself. That was great, that was like my moment <i>[Emphasised]</i>	Participant seems happy to have had a moment dedicated to herself in the session
17	D.M	Your moment.	
18	B.W	Ya <i>[Smiles and laughs]</i>	
19	D.M	And, were you able to express kind of those feelings during the session, like, it's my moment, I'm	
20	D.M	here, stuff that you mentioned now.	
21	D.M	Were you able to express that?	
22	B.W	Yes, I was. Like, when I closed my eyes and I picture myself in the, in the green grass and the sun	Emotional expression within the musical experience.
23	B.W	is shining and the mountains around and the birds is flying over me and yoh, it was like I was	
24	B.W	running and I see the flowers around me.	

25	D.M	Wow, so you were able to express...	
26	B.W	Yes, I could picture myself like Heidi in die berge <i>[laughs]</i> .	Imagery
27	D.M	Um, what do you think treating yourself with kindness might be about?	
28	B.W	<i>[Pause]</i> treating myself? I like to treat myself, like I go out and spoil myself that is my treat	Acknowledges being kind to herself
29	B.W	, to be kind to myself.	
30	D.M	That's your self-kindness?	
31	B.W	Ya.	
32	D.M	That's your thing that you do, and um, is it easy to do? Or is it a little bit difficult sometimes?	
33	B.W	No, it's not difficult, it's easy to do.	Exploration of self-kindness in daily life.
34	D.M	Easy to do. Um, okay. And just kind of reflecting back to the group, how did you feel being in a	
35	D.M	group with five ladies plus me? How did you feel?	
36	B.W	I'm used to this, I'm passed that stage now. At first, I used to do counselling and with my mom.	
37	B.W	See I have cancer you see, but you won't say because I don't keep me so. You see, that's why I	
38	B.W	used to attend counselling, and I'm cancer free almost. I'm very excited. Yes, but besides	Being aware of challenges in life
39	B.W	that, I'm gonna leave that aside now. No, I'm used to doing counselling, at first I was shy to talk in front of other people,	
40	B.W	but I'm over that now. You see that's why I'm not shy now;	Shift in self-confidence
41	B.W	I know how it is to be with people around you.	

42	D.M	Ya, and you know these ladies?	
43	B.W	Not actually, but this was my aunty next to me [<i>hand gestures</i>], but they all live in the bush there	
44	B.W	by us.	
45	D.M	And um, did the music affect your interaction with others in the group? And if so, how?	
46	B.W	No nothing, it was just nice and in the beat nice, so.	Enjoyed the musical experience
47	D.M	So, did you find it um easier to make music with the group or was it difficult?	
48	B.W	Easy, for me it's like my thing, to be with people than to be alone.	
49	D.M	Okay, how did you feel when you made music with the group?	
50	B.W	Good [<i>laughs</i>], because I like music [<i>laughs</i>].	Enjoys making music with the group
51	D.M	Okay [<i>nods head and smiles</i>]. Are there times when you feel like you are the only person who	
52	D.M	has gone through what you have been through?	
53	B.W	Sometimes, at first, I did, yes	
54	B.W	but there is a lot of people going worse things through than me, you see?	Awareness of other people's challenges
55	D.M	And, and are there times when you feel as though there are others around you that have also	
56	D.M	been through similar situations? I know you said now, there are people who have been through	
57	D.M	worse, but do you feel like there are people who have been through similar things, that you have	
58	D.M	been through.	
59	B.W	Yes, there is people.	

60	D.M	And and, what is your experience of that? Or have you not really have an experience where	
61	D.M	someone has gone through something similar as you.	
62	B.W	I had one, a friend she passed on, but we were so close. We had the same sick and same	
63	B.W	everything also similar, not exactly the same, but similar. But, if she survived it now, why can't I?	Surviving challenges
64	B.W	So ya.	
65	D.M	So, you took something that she...	
66	B.W	Yes, I learnt from her, yes. It's only, she didn't pass on from the sick, she passed on from an	
67	B.W	accident.	
68	D.M	Wow sorry <i>[quietly]</i> .	
69	D.M	How did you feel about yourself in the beginning of the session?	
70	B.W	Yoh, like what can I say, I think the world about myself. I think yoh, I know I'm beautiful <i>[laughs]</i> .	Beauty Self-confidence
71	D.M	Yes, you are <i>[laughs]</i>	
72	B.W	Yoh, I feel on top of the world <i>[gestures]</i> .	
73	D.M	So, when you came in here you were ready to do this?	
74	B.W	Yes <i>[smiles]</i> .	
75	B.W	I like the challenges in life.	Acknowledging there are challenges in life
76	D.M	You like the challenges.	
77	B.W	hmm <i>[nods head and smiles]</i>	
78	D.M	Okay, if I say the phrase, being fully present and aware of yourself and those around you. What	

79	D.M	does that make you think of?	
80	B.W	Good! <i>[High pitched]</i> And I would like to be with people around me and to be present here.	
81	D.M	Hmm. Do you think it's helpful?	
82	B.W	It's very helpful, yes.	
83	D.M	Okay, um. Okay I'm going to ask you this one question. What is your understanding of what	
84	D.M	self-compassion is? We kinda did speak about it earlier, but do you think? What is	
85	D.M	self-compassion to you?	
86	B.W	Um, how can I like say now? Self-compassion for me is like um, build myself and help others and, but you can you first begin with yourself.	Own view of self-compassion
87	B.W	I must help myself before I can help the next person. If I	
88	B.W	can't help myself how can I help the next person? It won't work.	
89	D.M	So, you say you have to begin with yourself?	
90	B.W	Yes!	
91	D.M	So, you see what is going on there and work through that.	
92	D.M	Um, okay. How did you feel about yourself at the end of the session now?	
93	B.W	Yoh, I'm feeling free <i>[hand gestures]</i> , at ease <i>[breathes out]</i> .	Shift in emotion after the session.
94	D.M	At ease, okay, thank you!	
95	D.M	Can you give me one word or phrase to describe your experience of the group music therapy	
96	D.M	session that we had now? One word or phrase.	
97	B.W	I'm feeling great! <i>[laughs]</i>	

98	D.M	Feeling great.	
99	D.M	Before we close off the interview, is there anything else that you would like to share with me?	
100	B.W	No, not really. I'm glad I'm here.	
101	D.M	Thank you.	
102	B.W	I've had challenges in life yes, but explore! <i>[laughs]</i>	
103	D.M	Ya! Thank you, thank you very much!	
104	B.W	No problem.	

Interview B

Session: 3

Date: 27th July 2017

Interviewee: S.J (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Notes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that	
2	D.M	you will remain anonymous and none of your	
3	D.M	personal information will be divulged in any records of this interview. I would also like to	
4	D.M	inform you that this interview will be audio recorded. If you are comfortable with that, we	
5	D.M	may begin.	
6	S.J	Okay it's fine, thank you.	
7	D.M	Cool, how did you experience the music therapy sessions? Sessions so far.	
8	S.J	It's awesome.	
9	D.M	It's awesome.	
10	S.J	Cause, most of the times I feel like, to be honest, I feel like just, God please just take me away now.	Participant seems to express emotion easily in this moment.
11	S.J	So, it's like being here, it's it's nice. It puts me in a different perspective.	Therapy is a different experience.

12	D.M	Thank you, and are there any moments that stood out for you or...	
13	S.J	Everything is special here,	Participant shows gratitude towards the therapist.
14	S.J	what we do so every day is special when I meet up with you on a Thursday so ya.	
15	D.M	And, do you feel like you take something with you every week? That you take into your	
16	D.M	week or is it just in the session that you feel this...	
17	S.J	Like, I'm taking my self-confidence back most of the time so, ya	
18	S.J	as I go home I try to remember what I've learnt here and that keeps me on during the day and for the rest of the week.	
19	S.J	Yes so...	
20	D.M	Thank you. What feelings did you experience during these sessions or even today? What	
21	D.M	feelings came up for you?	
22	S.J	Umm... How do I put it (<i>sighs</i>) I felt great, cause when I came in this morning like I said,	Seems to be a sense of relief when participant answers the question.
23	S.J	my son made me feel very good, but the session we had yesterday with (name omitted) (<i>other</i>	
24	S.J	<i>support group at the centre</i>) it kinda put me in a bad place. Not in a bad place, it took up many old feelings and stuff like that.	
25	S.J	And today's session actually put me right where I	

26	S.J	want to be. Calm, collected.	
27	D.M	Yes, and um where you able to express those different feelings through the three sessions	
28	D.M	that we've had so far? Did you find like you were able to express it in a...	
29	S.J	Yes...	
30	D.M	And how were you able to do that? In what kind of, maybe the activities or whatever we	
31	D.M	did...	
32	S.J	Mostly the music that made me very (<i>breathes in and out</i>). Cause when I'm at home and	Sense of calm
33	S.J	people like errr (<i>shakes head and hand uses hand gestures</i>), I just go on and put on that	
34	S.J	DVD, put on my CD listen to music, that's me.	
35	D.M	And did you find you were able to release those feelings or express those feelings?	
36	D.M	Playing instruments or listening to music? Or both.	
37	S.J	Both, both, ya.	
38	D.M	Okay and what do you think treating yourself with kindness might be about?	
39	S.J	(<i>breathes in and out deeply</i>) For me treating myself with kindness is, I just like me. I want	
40	S.J	to be that unique person, I just wanna have my 15 minutes of fame every single day, my	
41	S.J	mother knows that. I lock my door, lie down, write my music, listen to other music, that's	
42	S.J	me.	
43	D.M	And, is it difficult or easy to do? This kindness towards yourself?	
44	S.J	No, not always cause most of the times I feel like a failure. So, it's not always for me, it's its	Participant speaks openly about her experiences.

45	S.J	not always good to. Most of the time I punish myself, I am addicted to pain killers and stuff like that so,	
46	S.J	if I feel like, I suma drink a handful of pain killers, but since I've been in your class, like I	
47	S.J	haven't even touched the pain killers since that time. Only last night when I felt	Participant seems to have an awareness of her behaviour and any shifts that have occurred.
48	S.J	this heavy pain headache, I drank two and that was that.	
49	D.M	Sho, and did you feel that this feeling has shifted through this little process we've had so	
50	D.M	far?	
51	S.J	Yes, it has definitely.	
52	D.M	And, what has shifted in you or is it more of a feeling or of just...	
53	S.J	No, I can't say it's more of a feeling, like really its happening like... (<i>Hand gestures</i>)	
54	D.M	Something.	
55	S.J	Ya... Something's happening, I can't describe it, but it's amazing, really.	Participant cannot seem to articulate her feeling in this moment.
56	D.M	Thank you, and let's take it to the group, how do you experience being in a group?	
57	S.J	For me, this is my first time like actually speaking in a group.	
58	S.J	Cause, I'm a, I like to stick to myself I'm not someone that talks to people and stuff like that.	

59	S.J	So, it's actually nice for me.	
60	D.M	And um, did you have any relationships with any of the group members before we formed	
61	D.M	this group?	
62	S.J	Only the one that is sitting here, my mother.	
63	D.M	Your mom.	
64	S.J	But no.	
65	D.M	Okay, and did the music-making affect your interaction with others in the group? And if so,	
66	D.M	how did it affect it?	
67	S.J	<i>(looks confusingly)</i>	
68	D.M	So, did the music making um, kind of help you to get to know the other people, or kind of	
69	D.M	make you feel like oh, I didn't really like that one or... <i>(Laughs)</i>	
70	S.J	<i>(laughs and smiles)</i> the first time I came here I was like, yoh do I really have to speak in front of these people?	
71	S.J	I don't know them. I see them, but not like,	
72	S.J	but it wasn't bad ya I actually grew on them.	Familiarity has seemed to help the participant become more comfortable around the other group members.
73	D.M	Ya, okay. And um, how did you feel when we were making music with the group?	

74	S.J	Nice, it felt lovely, amazing. Like I'm sharing my passion with everyone else, it's nice (<i>smiles</i>).	Sense of enjoyment and happiness to be in sessions.
75	D.M	And, are there times that you feel like you are the only person who has gone through what	
76	D.M	you are going through or what you went through?	
77	S.J	Yes! Many a times I feel that way ya.	
78	D.M	And um, are there times where you feel as though there are also others around you that	
79	D.M	have been through similar things or have also been through something? Or do you feel...	
80	S.J	I guess so but, sometimes I feel like yoh, I wish you can go through what I went through	Participant expresses being frustrated when judged by others in her tone of voice and hand gestures.
81	S.J	seeing that you judging me and stuff like that so.	
82	D.M	Ya.	
83	S.J	It's not always like I think ya, maybe we have problems the same, but okay they say	
84	S.J	someone else's is maybe bigger than yours,	
85	S.J	but there's sometimes when I feel for my age I went through a lot like a lot.	
86	D.M	For sure, and what was your experience with the group in relation to that question that I	
87	D.M	just asked you now?	
88	S.J	(<i>Sighs</i>) most of the women here, I don't know about all of them, but there's one or two of	

89	S.J	them that I can relate to, that had it very bad in life but...	
90	D.M	Yes...	
91	S.J	Okay, like I can say everyone is trying to deal with it in their own way.	
92	D.M	Um, okay.	
93	D.M	And, how did you feel about yourself at the beginning of the music process?	
94	S.J	<i>(Pauses and sighs heavy)</i> I hated myself, really.	Participant expresses her initial feelings towards herself in her demeanour.
95	S.J	I <i>(pause)</i> , for instance how can I say... for me it was just ya "You deserved it". I was a	
96	S.J	person, everything bad coming to me I decided, I deserved it because I hurt my mother in the worst possible way ever.	
97	S.J	Running away from home, so for me it was just...Ag man <i>(hits lap)</i> , "You just a flop in life	Participants demeanour suggests a sense of being defeated.
98	S.J	and that's that."	
99	D.M	And um, so has that shifted at all since we've been together?	
100	S.J	Yes!	
101	D.M	And I don't expect to have shifted, because that is a big thing.	

102	S.J	It did, it did! In a huge way, yes.	Participant's demeanour shifts, she begins to smile.
103	D.M	Wow... And um, if I say the phrase, being fully present and aware of yourself and those	
104	D.M	around you, what does that make you think of?	
105	S.J	For me, it like, being in this place emotionally, physically, mentally everything in one...	
106	S.J	Heart, mind, body and soul.	
107	D.M	Mmm...and is that something that you experience here or is you mind still there?	
108	S.J	It's the first time, no (<i>interjects</i>). This is the first time I experience something like this and its great,	Participant seems excited at this new experience.
109	S.J	it's...I don't know how to describe it to you, but it's amazing (<i>smiles</i>).	
110	D.M	And, is it helpful?	
111	S.J	Very much, yes, thank you.	
112	D.M	Um, has this group and this therapy process given you that opportunity to experience that	
113	D.M	being present with yourself, being fully present with other as well? Um, has this given you	
114	D.M	opportunity, or not really?	
115	S.J	Definitely, it has yes.	
116	D.M	Okay, and what is your understanding of self-compassion?	
117	S.J	For me, self-compassion is like; if I don't have compassion for me, then I won't have	
118	S.J	compassion for my kids. Cause self-compassion starts with you first, because before you	

119	S.J	give it to your husband, your children or anyone around you.	
120	D.M	So, it starts with you.	
121	S.J	Yes, its starts with me.	
122	D.M	And do you feel that this music therapy process has impacted you experience of self-	
123	D.M	compassion in any way?	
124	S.J	Yes...	
125	D.M	Could you describe that for me a little bit?	
126	S.J	Um, I can't say really, but for me it's been amazing (<i>pauses</i>). Okay this is the first time I hear of self-compassion,	New concept for the participant.
127	S.J	I wasn't like... ya... before I did even have self-respect for myself	
128	S.J	so...	
129	D.M	And is that kind of shifting a little bit? That self-respect, that self-kindness.	
130	S.J	Yes.	
131	D.M	And is it more of like an awareness? More or an awareness to that, cause we all know it's	
132	D.M	about self-respect and being kind and those things, but its more that awareness of those	
133	D.M	things, just kind of being reminded of it. Do you think it's more of that? Or um did you know	
134	D.M	was there.	
135	S.J	For me, I never knew it was there so for me it's like the first time I experience something	
136	S.J	like, okay I can't swim, it's like the first time learning how to swim, something like that, yes.	
137	D.M	So, it's something fairly new to you?	
138	S.J	Yes.	

139	D.M	Okay. And um, what do you think has been the most valuable part of this music therapy	
140	D.M	process so far?	
141	S.J	<i>(Sighs, smiles and hand gestures)</i> speaking about my emotions.	Sense of relief as participant speaks.
142	D.M	Speaking about your emotions.	
143	S.J	That's something that I've never done before, not even with my husband-to-be, so yes.	
144	D.M	Oh, congratulations!	
145	S.J	Thank you <i>(laughs)</i> .	
146	D.M	<i>(Laughs)</i>	
147	D.M	Okay, can you give me one word or phrase to describe your experience of this group	
148	D.M	music therapy process so far?	
149	S.J	<i>(Pauses)</i> uplifting.	
150	D.M	Uplifting.	
151	S.J	There's no better word to say it, uplifting, cause whenever I come here, I can't wait like I said before, can't wait for Thursdays to come.	Sense of gratitude towards the therapist.
152	S.J	This is the best place for me on a Thursday, because it makes my heart bloom.	
153	S.J	To be honest ya.	
154	D.M	Thank you, and before we close off the interview, is there anything you would like to add?	
155	S.J	<i>(Pauses)</i> not really, I'm just thankful for you for giving us this opportunity so...	
156	D.M	I'm very grateful to be working with you.	
157	S.J	Thank you.	

158	D.M	Thank you for helping me find out more about your experience of music therapy, it's very	
159	D.M	helpful for me. Thank you.	
160	S.J	Thank you, seeing that's it's the first time I'm doing it.	
161	D.M	Yes, thank you.	
162	S.J	Thank you very much.	
163	D.M	Thank you.	

Interview C

Session: 6

Date: 10th August 2017

Interviewee: K.J (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Notes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that	
2	D.M	you will remain anonymous and none of your personal information will be divulged in any	
3	D.M	records of this interview. I would also like to inform you that this interview will be audio	
4	D.M	recorded. If you are comfortable with that, we may begin.	
5	K.J	You can go ahead.	
6	D.M	How did you experience the music therapy sessions?	
7	K.J	For me it was relaxing. Hoe kan ek nou se? I felt free.	
8	D.M	Free... Are there any moments that stood out for you?	
9	K.J	Especially when I told, tell about my feelings <i>[pause]</i> .	
10	D.M	Okay, thank-you.	
11	D.M	Um, and what feelings did you experience during the sessions?	
12	K.J	<i>[Pause]</i> I felt happy, usually I'm sad, aggressive and stuff. I never talk about it, when I'm	Seems to have been a shift in the participant's initial feelings.

13	K.J	unhappy then I laugh. Never again, I feel free.	
14	D.M	<i>[Pause]</i> okay, and um. What do you think treating yourself with kindness might be about?	
15	K.J	Kindness begins with myself, cause if I don't be kind to myself	
16	K.J	then I'm not going to be kind towards others.	
17	D.M	And is it easy or difficult to do?	
18	K.J	For me it was quite easy <i>[higher pitched voice]</i> .	
19	D.M	Alright, um did you feel that this shifted I any way during the therapy? Having the kindness	
20	D.M	towards yourself.	
21	K.J	Well there's more quietness in my house. We learn to get along now.	Participant seems to have transferred skills learnt in therapy into her daily life.
22	D.M	Okay, and how did you experience being in the group?	
23	K.J	Oo for me, it was like a family.	
24	D.M	Family.	
25	K.J	It was like a family.	
26	D.M	Umm did the music making affect your interaction with others in the group? If so, how?	
27	K.J	No, I think it was quite cool <i>[smiles and laughs]</i> .	
28	D.M	<i>[laughs]</i>	
29	K.J	Cool.	
30	D.M	Okay, um how did you feel when you were making music with the group?	

31	K.J	Like I belong.	Participant is confident in her answer and does not hesitate.
32	D.M	You belong.	
33	K.J	Like I belong.	
34	D.M	And are there times that you are the only person that has gone through what you've gone	
35	D.M	through?	
36	K.J	No.	
37	D.M	Um are there times where when you feel like there are others who have also gone through	
38	D.M	similar things?	
39	K.J	I never heard they got something um similar to me, but I can relate to them.	
40	K.J	I've got a gift that I can feel your pain and someone else's pain.	
41	D.M	And how did that make you feel? Or how does it make you feel?	
42	K.J	It makes me sad because sometimes I don't have words to encourage them and comfort	
43	K.J	them.	
44	D.M	Ya. Okay. How did you feel about yourself at the beginning of the music therapy process?	
45	K.J	I hated myself, I didn't like the things I did and stuff like that.	Participant seems to express frustration when answering the question.
46	D.M	<i>[Pause]</i> and if I say the phrase, being fully present and aware of yourself and those around	
47	D.M	you. What does that make you think of?	

48	K.J	I'm open-minded.	
49	D.M	Mmm. Um is it something that you experience often? Being open-minded.	
50	K.J	Not really, since I joined this group.	Shift in participant's perspective.
51	D.M	Since you joined the group.	
52	D.M	And do you find it's helpful to be...	
53	K.J	It is. Very helpful.	
54	D.M	Okay.	
55	D.M	What is your understanding of what self-compassion is?	
56	K.J	<i>[Pause]</i> I have to be passionate about something I do. If I want to do something I have to	
57	K.J	be passionate about it otherwise it won't work.	
58	D.M	Ya and, your self-compassion? So, for yourself.	
59	K.J	For myself? That will be good. I'm feeling <i>[hand gestures thumbs up]</i> .	Participant seems eager to have explored self-compassion, and continue to explore it.
60	D.M	Do you feel that the music therapy process has impacted your experience of self-	
61	D.M	compassion in any way? Could you describe that?	
62	K.J	It make me feel more relaxing and more relaxed.	
63	K.J	No sadness, I don't have negative thoughts anymore. I'm good.	
64	D.M	All right. How did you feel about yourself at the end of the music therapy process?	

65	K.J	Happy with myself.	Participant seems content with herself.
66	D.M	Happy with yourself. Okay.	
67	D.M	What do you think was the most valuable part of the music process for you?	
68	K.J	Just being me <i>[pause]</i> no thoughts about others, no negative stuff, nothing.	
69	K.J	Just about me being happy.	
70	D.M	Um can you give me one word or phrase to describe your experience of the group music	
71	D.M	therapy sessions?	
72	K.J	Oo awesome! <i>[Smiles and laughs]</i>	
73	D.M	<i>[Laughs]</i>	
74	K.J	Awesome!	
75	D.M	And then before we close off this interview, is there anything that you would like to add?	
76	K.J	I would just like to say thank you.	
77	D.M	You're welcome.	
78	K.J	From the bottom of my heart, thank you very much.	
79	D.M	Thank you it was so great to meet you.	
80	K.J	You helped me a lot.	
81	D.M	Thank you, for helping me with my research and finding out more about self-compassion.	
82	D.M	Thank you.	
83	K.J	It makes me also find things about, out about myself.	
84	D.M	Thank you so much.	

85	K.J	Pleasure.	
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Appendix: G- Interview transcripts with notes and emergent themes

Interview A

Session: 1

Date: 13th July 2017

Interviewee: B.W (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Emergent themes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that you will	
2	D.M	remain anonymous and none of your personal information will be divulged in any records of this	
3	D.M	interview. I would also like to inform you that this interview will be audio recorded. If you are	
4	D.M	comfortable with that, we may begin.	
5	B.W	Okay, no fine. No problem.	
6	D.M	So, the first question I have for you is, how did you experience the music therapy session now?	
7	B.W	Yoh, it was unexplainable what I, I had a good session, I can't explain. I am feeling much better.	Loss of words Indescribable positive experience Good session Stress release

			Shift in feeling Positive emotional response
8	D.M	And, are there any moments that kinda stood out for you? Or something that really stood out for	
9	D.M	you?	
10	B.W	Um to be honest, I came here full of stress. I just woke up, washed me and didn't eat, and I like	Initially stressed
11	B.W	to eat, my mommy said there's no bread, I said, "OMG" <i>[Sighs and laughs]</i> Okay but it's fine, I'm	
12	B.W	still going (to the session). But besides that now, I feel ag, like I'm open now <i>[hand gestures]</i>	Expressed openness Positive shift in emotion
13	B.W	I feel like a different person now. Thank you.	Shift in feeling Feeling like a different person
14	D.M	So there wasn't like one specific moment that stood out for you? Did the whole session make you	
15	D.M	feel how you described now?	
16	B.W	Yoh, I can't <i>[laughs]</i> , it's like I can't explain myself. That was great, that was like my moment <i>[Emphasised]</i>	Enjoyment Group focuses on individual My moment Feeling special

17	D.M	Your moment.	
18	B.W	Ya [<i>Smiles and laughs</i>]	Enjoyment
19	D.M	And, were you able to express kind of those feelings during the session, like, it's my moment, I'm	
20	D.M	here, stuff that you mentioned now.	
21	D.M	Were you able to express that?	
22	B.W	Yes, I was. Like, when I closed my eyes and I picture myself in the, in the green grass and the sun	Expressive moment Imagery
23	B.W	is shining and the mountains around and the birds is flying over me and yoh, it was like I was	Expressive moment
24	B.W	running and I see the flowers around me.	
25	D.M	Wow, so you were able to express...	
26	B.W	Yes, I could picture myself like Heidi in die berge [<i>laughs</i>].	Imagery
27	D.M	Um, What do you think treating yourself with kindness might be about?	
28	B.W	[<i>Pause</i>] treating myself? I like to treat myself, like I go out and spoil myself that is my treat	Self-kindness is treating yourself Spoiling yourself
29	B.W	, to be kind to myself.	Self-kindness Acknowledge myself
30	D.M	That's your self-kindness?	
31	B.W	Ya.	
32	D.M	That's your thing that you do, and um, is it easy to do? Or is it a little bit difficult sometimes?	

33	B.W	No, it's not difficult, it's easy to do.	
34	D.M	Easy to do. Um, okay. And just kind of reflecting back to the group, how did you feel being in a	
35	D.M	group with five ladies plus me? How did you feel?	
36	B.W	I'm used to this, I'm passed that stage now. At first, I used to do counselling and with my mom.	
37	B.W	See I have cancer you see, but you won't say because I don't keep me so. You see, that's why I	Mindful of challenges Persevering despite challenges
38	B.W	used to attend counselling, and I'm cancer free almost. I'm very excited. Yes, but besides	
39	B.W	that, I'm gonna leave that aside now. No, I'm used to doing counselling, at first, I was shy to talk in front of other people,	Initial shyness Difficult to speak in front of others
40	B.W	but I'm over that now. You see that's why I'm not shy now;	Shift in experience of speaking in front of others Familiar with group experience
41	B.W	I know how it is to be with people around you.	Comfortable being around others Self-confidence Familiar with group experience
42	D.M	Ya, and you know these ladies?	

43	B.W	Not actually, but this was my aunty next to me <i>[hand gestures]</i> , but they all live in the bush there	
44	B.W	by us.	
45	D.M	And um, did the music affect your interaction with others in the group? And if so, how?	
46	B.W	No nothing, it was just nice and in the beat nice, so.	Enjoyable experience
47	D.M	So, did you find it um easier to make music with the group or was it difficult?	
48	B.W	Easy, for me it's like my thing, to be with people than to be alone.	Easy to be with others Togetherness Contact with others Social interaction Interpersonal connection
49	D.M	Okay, how did you feel when you made music with the group?	
50	B.W	Good <i>[laughs]</i> , because I like music <i>[laughs]</i> .	Enjoys making music with group Enjoys music
51	D.M	Okay <i>[nods head and smiles]</i> . Are there times when you feel like you are the only person who	
52	D.M	has gone through what you have been through?	
53	B.W	Sometimes, at first, I did, yes	Sometimes feeling alone in the struggle
54	B.W	but there is a lot of people going worse things through than me, you see?	Awareness of others Others also have struggles

			Gaining perspective
55	D.M	And, and are there times when you feel as though there are others around you that have also	
56	D.M	been through similar situations? I know you said now, there are people who have been through	
57	D.M	worse, but do you feel like there are people who have been through similar things, that you have	
58	D.M	been through.	
59	B.W	Yes, there is people.	Others have worse challenges
60	D.M	And and, what is your experience of that? Or have you not really have an experience where	
61	D.M	someone has gone through something similar as you.	
62	B.W	I had one, a friend she passed on, but we were so close. We had the same sick and same	
63	B.W	everything also similar, not exactly the same, but similar. But, if she survived it now, why can't I?	Shared struggles Renewed motivation
64	B.W	So ya.	
65	D.M	So, you took something that she...	
66	B.W	Yes, I learnt from her, yes. It's only, she didn't pass on from the sick, she passed on from an	Learning from other people's challenges
67	B.W	accident.	
68	D.M	Wow sorry <i>[quietly]</i> .	
69	D.M	How did you feel about yourself in the beginning of the session?	
70	B.W	Yoh, like what can I say, I think the world about myself. I think yoh, I know I'm beautiful <i>[laughs]</i> .	Self-confidence Self-assurance

			Bodily awareness Self-affirmation
71	D.M	Yes, you are <i>[laughs]</i>	
72	B.W	Yoh, I feel on top of the world <i>[gestures]</i> .	Positive feeling Self-confidence
73	D.M	So, when you came in here you were ready to do this?	
74	B.W	Yes <i>[smiles]</i> .	
75	B.W	I like the challenges in life.	Enjoys a challenge
76	D.M	You like the challenges.	
77	B.W	hmm <i>[nods head and smiles]</i>	
78	D.M	Okay, if I say the phrase, being fully present and aware of yourself and those around you. What	
79	D.M	does that make you think of?	
80	B.W	Good! <i>[High pitched]</i> And I would like to be with people around me and to be present here.	Enjoys being around others Enjoys being at music therapy
81	D.M	Hmm. Do you think it's helpful?	
82	B.W	It's very helpful, yes.	
83	D.M	Okay, um. Okay I'm going to ask you this one question. What is your understanding of what	
84	D.M	self-compassion is? We kinda did speak about it earlier, but do you think? What is	
85	D.M	self-compassion to you?	

86	B.W	Um, how can I like say now? Self-compassion for me is like um, build myself and help others and, but you can you first begin with yourself.	Working on yourself Build yourself first Begin with yourself
87	B.W	I must help myself before I can help the next person. If I	Self-help first
88	B.W	can't help myself how can I help the next person? It won't work.	
89	D.M	So you say you have to begin with yourself?	
90	B.W	Yes!	
91	D.M	So you see what is going on there and work through that.	
92	D.M	Um, okay. How did you feel about yourself at the end of the session now?	
93	B.W	Yoh, I'm feeling free <i>[hand gestures]</i> , at ease <i>[breathes out]</i> .	Feeling free Content At ease
94	D.M	At ease, okay, thank you!	
95	D.M	Can you give me one word or phrase to describe your experience of the group music therapy	
96	D.M	session that we had now? One word or phrase.	
97	B.W	I'm feeling great! <i>[laughs]</i>	Positive feeling Feeling great
98	D.M	Feeling great.	
99	D.M	Before we close off the interview, is there anything else that you would like to share with me?	
100	B.W	No, not really. I'm glad I'm here.	Glad to be at music therapy

			Enjoyable experience
101	D.M	Thank you.	
102	B.W	I've had challenges in life yes, but explore! <i>[laughs]</i>	Acknowledge challenges in life Explore challenges
103	D.M	Ya! Thank you, thank you very much!	
104	B.W	No problem.	

Interview B

Session: 3

Date: 27th July 2017

Interviewee: S.J (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Emergent themes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that	
2	D.M	you will remain anonymous and none of your	
3	D.M	personal information will be divulged in any records of this interview. I would also like to	
4	D.M	inform you that this interview will be audio recorded. If you are comfortable with that, we	
5	D.M	may begin.	
6	S.J	Okay it's fine, thank you.	
7	D.M	Cool, how did you experience the music therapy sessions? Sessions so far.	
8	S.J	It's awesome.	Positive experience in sessions Enjoyable experience
9	D.M	It's awesome.	
10	S.J	Cause, most of the times I feel like, to be honest, I feel like just, God please just take me away now.	Emotional expression
11	S.J	So it's like being here, it's it's nice. It puts me in a different perspective.	Enjoyable experience Shift in perspective in therapy

			Shift in feeling
12	D.M	Thank you, and are there any moments that stood out for you or...	
13	S.J	Everything is special here,	Special experience Gratitude towards therapist
14	S.J	what we do so every day is special when I meet up with you on a Thursday so ya.	Special experience Interpersonal relationships Client-therapist relationship
15	D.M	And, do you feel like you take something with you every week? That you take into your	
16	D.M	week or is it just in the session that you feel this...	
17	S.J	Like, I'm taking my self-confidence back most of the time so, ya	Reclaiming self-confidence
18	S.J	as I go home I try to remember what I've learnt here and that keeps me on during the day and for the rest of the week.	Transfer what is learnt into daily life Encouragement for the day and week
19	S.J	Yes so...	
20	D.M	Thank you. What feelings did you experience during these sessions or even today? What	
21	D.M	feelings came up for you?	
22	S.J	Umm... How do I put it (<i>sighs</i>) I felt great, cause when I came in this morning like I said,	Feeling great Sense of relief
23	S.J	my son made me feel very good, but the session we had yesterday with (name omitted) (<i>other</i>	

24	S.J	<i>support group at the centre</i>) it kinda put me in a bad place. Not in a bad place, it took up many old feelings and stuff like that.	Dealing with past events and feelings
25	S.J	And today's session actually put me right where I	Shift in feeling after the session
26	S.J	want to be. Calm, collected.	Feeling calm Feeling collected
27	D.M	Yes, and um where you able to express those different feelings through the three sessions	
28	D.M	that we've had so far? Did you find like you were able to express it in a...	
29	S.J	Yes...	
30	D.M	And how were you able to do that? In what kind of, maybe the activities or whatever we	
31	D.M	did...	
32	S.J	Mostly the music that made me very (<i>breathes in and out</i>). Cause when I'm at home and	Inner bodily experience Sense of relief Feeling calm
33	S.J	people like errr (<i>shakes head and hand uses hand gestures</i>), I just go on and put on that	
34	S.J	DVD, put on my CD listen to music, that's me.	
35	D.M	And did you find you were able to release those feelings or express those feelings?	Emotional release Expressing feelings
36	D.M	Playing instruments or listening to music? Or both.	
37	S.J	Both, both, ya.	Emotional release Expressing feelings
38	D.M	Okay and what do you think treating yourself with kindness might be about?	

39	S.J	<i>(breathes in and out deeply)</i> For me treating myself with kindness is, I just like me. I want	Unique self
40	S.J	to be that unique person, I just wanna have my 15 minutes of fame every single day, my	Acknowledge myself Liking myself Self-kindness
41	S.J	mother knows that. I lock my door, lie down, write my music, listen to other music, that's	Music as an escape
42	S.J	me.	
43	D.M	And, is it difficult or easy to do? This kindness towards yourself?	
44	S.J	No, not always cause most of the times I feel like a failure. So it's not always for me, it's its	Challenging to treat myself with kindness Feelings of being a failure Negative self-image
45	S.J	not always good to. Most of the time I punish myself, I am addicted to pain killers and stuff like that so,	Addiction as punishment Making myself suffer Self-harm
46	S.J	if I feel like, I suma drink a handful of pain killers, but since I've been in your class, like I	Awareness of behaviour
47	S.J	haven't even touched the pain killers since that time. Only last night when I felt	Shift in daily behaviour
48	S.J	this heavy pain headache, I drank two and that was that.	
49	D.M	Sho, and did you feel that this feeling has shifted through this little process we've had so	
50	D.M	far?	
51	S.J	Yes, it has definitely.	
52	D.M	And, what has shifted in you or is it more of a feeling or of just...	

53	S.J	No, I can't say it's more of a feeling, like really its happening like... <i>(Hand gestures)</i>	
54	D.M	Something.	
55	S.J	Ya... Something's happening, I can't describe it, but it's amazing, really.	Indescribable positive experience Loss of words
56	D.M	Thank you, and let's take it to the group, how do you experience being in a group?	
57	S.J	For me, this is my first time like actually speaking in a group.	First time speaking in a group
58	S.J	Cause, I'm a, I like to stick to myself I'm not someone that talks to people and stuff like that.	Comfortable with myself One-sided contact
59	S.J	So, it's actually nice for me.	
60	D.M	And um, did you have any relationships with any of the group members before we formed	
61	D.M	this group?	
62	S.J	Only the one that is sitting here, my mother.	
63	D.M	Your mom.	
64	S.J	But no.	
65	D.M	Okay, and did the music-making affect your interaction with others in the group? And if so,	
66	D.M	how did it affect it?	
67	S.J	<i>(looks confusingly)</i>	
68	D.M	So did the music making um, kind of help you to get to know the other people, or kind of	
69	D.M	make you feel like oh, I didn't really like that one or... <i>(Laughs)</i>	

70	S.J	<i>(laughs and smiles)</i> the first time I came here I was like, yoh do I really have to speak in front of these people?	One-sided contact Uncertainty Shyness
71	S.J	I don't know them. I see them, but not like,	Wary of group Wary of the unknown
72	S.J	but it wasn't bad ya I actually grew on them.	Comfortable being around others Building relationships with the group
73	D.M	Ya, okay. And um, how did you feel when we were making music with the group?	
74	S.J	Nice, it felt lovely, amazing. Like I'm sharing my passion with everyone else, it's nice <i>(smiles)</i> .	Positive music making experience Enjoyable experience Sharing
75	D.M	And, are there times that you feel like you are the only person who has gone through what	
76	D.M	you are going through or what you went through?	
77	S.J	Yes! Many a times I feel that way ya.	
78	D.M	And um, are there times where you feel as though there are also others around you that	
79	D.M	have been through similar things or have also been through something? Or do you feel...	
80	S.J	I guess so but, sometimes I feel like yoh, I wish you can go through what I went through	Expressing frustration
81	S.J	seeing that you judging me and stuff like that so.	Being judged by others
82	D.M	Ya.	
83	S.J	It's not always like I think ya, maybe we have problems the same, but okay they say	Gaining perspective

84	S.J	someone else's is maybe bigger than yours,	Relating other people's challenges Acknowledgement of other people's challenges My problems are significant
85	S.J	but there's sometimes when I feel for my age I went through a lot like a lot.	Experienced many challenges
86	D.M	For sure, and what was your experience with the group in relation to that question that I	
87	D.M	just asked you now?	
88	S.J	<i>(Sighs)</i> most of the women here, I don't know about all of them, but there's one or two of	Relate to other people's challenges
89	S.J	them that I can relate to, that had it very bad in life but...	Shared struggles
90	D.M	Yes...	
91	S.J	Okay, like I can say everyone is trying to deal with it in their own way.	Dealing with problems in my own way Individual experience of challenges
92	D.M	Um, okay.	
93	D.M	And, how did you feel about yourself at the beginning of the music process?	
94	S.J	<i>(Pauses and sighs heavy)</i> I hated myself, really.	Decreased self-esteem Self-hatred Self-criticism

95	S.J	I (<i>pause</i>), for instance how can I say... for me it was just ya “You deserved it”. I was a	Self-punishment
96	S.J	person, everything bad coming to me I decided, I deserved it because I hurt my mother in the worst possible way ever.	Self-criticism Strain on family members Hurting family members
97	S.J	Running away from home, so for me it was just...Ag man (<i>hits lap</i>), “You just a flop in life	Self-doubt
98	S.J	and that’s that.”	Decreased self esteem Nothing in life Self-criticism
99	D.M	And um, so has that shifted at all since we’ve been together?	
100	S.J	Yes!	Shift in perspective in therapy Shift in self-criticism Shift in self-punishment
101	D.M	And I don’t expect to have shifted, because that is a big thing.	
102	S.J	It did, it did! In a huge way, yes.	Shift in self-criticism Increased self-esteem
103	D.M	Wow... And um, if I say the phrase, being fully present and aware of yourself and those	
104	D.M	around you, what does that make you think of?	
105	S.J	For me, it like, being in this place emotionally, physically, mentally everything in one...	Being fully present Inner bodily experience Being focused Holistic experience in therapy

106	S.J	Heart, mind, body and soul.	Inner bodily experience Fully present
107	D.M	Mmm...and is that something that you experience here or is you mind still there?	
108	S.J	It's the first time, no (<i>interjects</i>). This is the first time I experience something like this and its great,	Enjoyable experience
109	S.J	it's...I don't know how to describe it to you, but it's amazing (<i>smiles</i>).	Indescribable positive experience Loss of words Enjoyable experience
110	D.M	And, is it helpful?	
111	S.J	Very much, yes, thank you.	
112	D.M	Um, has this group and this therapy process given you that opportunity to experience that	
113	D.M	being present with yourself, being fully present with other as well? Um, has this given you	
114	D.M	opportunity, or not really?	
115	S.J	Definitely, it has yes.	Opportunity to be fully present with oneself and others
116	D.M	Okay, and what is your understanding of self-compassion?	
117	S.J	For me, self-compassion is like; if I don't have compassion for me, then I won't have	Self-compassion before others
118	S.J	compassion for my kids. Cause self-compassion starts with you first, because before you	Focus on the individual first
119	S.J	give it to your husband, your children or anyone around you.	Self-compassion transfers to your family
120	D.M	So, it starts with you.	

121	S.J	Yes, its starts with me.	Self-compassion starts with yourself
122	D.M	And do you feel that this music therapy process has impacted you experience of self-	
123	D.M	compassion in any way?	
124	S.J	Yes...	
125	D.M	Could you describe that for me a little bit?	
126	S.J	Um, I can't say really, but for me it's been amazing (<i>pauses</i>). Okay this is the first time I hear of self-compassion,	Self-compassion as a new concept
127	S.J	I wasn't like... ya... before I did even have self-respect for myself	No respect for myself
128	S.J	so...	
129	D.M	And is that kind of shifting a little bit? That self-respect, that self-kindness.	
130	S.J	Yes.	
131	D.M	And is it more of like an awareness? More or an awareness to that, cause we all know it's	
132	D.M	about self-respect and being kind and those things, but its more that awareness of those	
133	D.M	things, just kind of being reminded of it. Do you think it's more of that? Or um did you know	
134	D.M	was there.	
135	S.J	For me, I never knew it was there so for me it's like the first time I experience something	Discovery of self-compassion
136	S.J	like, okay I can't swim, it's like the first time learning how to swim, something like that, yes.	
137	D.M	So, it's something fairly new to you?	

138	S.J	Yes.	
139	D.M	Okay. And um, what do you think has been the most valuable part of this music therapy	
140	D.M	process so far?	
141	S.J	<i>(Sighs, smiles and hand gestures)</i> speaking about my emotions.	Sense of relief Emotional expression Emotional awareness
142	D.M	Speaking about your emotions.	
143	S.J	That's something that I've never done before, not even with my husband-to-be, so yes.	Shift in emotional expressivity
144	D.M	Oh, congratulations!	
145	S.J	Thank you <i>(laughs)</i> .	
146	D.M	<i>(Laughs)</i>	
147	D.M	Okay, can you give me one word or phrase to describe your experience of this group	
148	D.M	music therapy process so far?	
149	S.J	<i>(Pauses)</i> uplifting.	Positive music therapy experience Uplifting experience
150	D.M	Uplifting.	
151	S.J	There's no better word to say it, uplifting, cause whenever I come here, I can't wait like I said before, can't wait for Thursdays to come.	Uplifting experience Anticipation for the next session
152	S.J	This is the best place for me on a Thursday, because it makes my heart bloom.	Grateful for the sessions
153	S.J	To be honest ya.	Emotional expression

			Heart blooms Enjoyable experience
154	D.M	Thank you, and before we close off the interview, is there anything you would like to add?	
155	S.J	<i>(Pauses)</i> not really, I'm just thankful for you for giving us this opportunity so...	Gratitude towards therapist Grateful for the opportunity
156	D.M	I'm very grateful to be working with you.	
157	S.J	Thank you.	
158	D.M	Thank you for helping me find out more about your experience of music therapy, it's very	
159	D.M	helpful for me. Thank you.	Therapist is grateful
160	S.J	Thank you, seeing that's it's the first time I'm doing it.	
161	D.M	Yes, thank you.	
162	S.J	Thank you very much.	
163	D.M	Thank you.	

Interview 3

Session: 6

Date: 10th August 2017

Interviewee: K.J (Participant)

Interviewer: D.M (Researcher)

Line	Person	Text	Emergent themes
1	D.M	Thank you for agreeing to take part in this interview. Firstly, I would like to assure you that	
2	D.M	you will remain anonymous and none of your personal information will be divulged in any	
3	D.M	records of this interview. I would also like to inform you that this interview will be audio	
4	D.M	recorded. If you are comfortable with that, we may begin.	
5	K.J	You can go ahead.	
6	D.M	How did you experience the music therapy sessions?	
7	K.J	For me it was relaxing. Hoe kan ek nou se? I felt free.	Relaxing experience Feeling free
8	D.M	Free... Are there any moments that stood out for you?	
9	K.J	Especially when I told, tell about my feelings <i>[pause]</i> .	Emotional expression Sharing
10	D.M	Okay, thank-you.	
11	D.M	Um, and what feelings did you experience during the sessions?	

12	K.J	<i>[Pause]</i> I felt happy, usually I'm sad, aggressive and stuff. I never talk about it, when I'm	Feeling happy Positive emotional response Bottles up feelings
13	K.J	unhappy then I laugh. Never again, I feel free.	Usually sad and aggressive but feeling free Shift in emotion Shift in actions
14	D.M	<i>[Pause]</i> okay, and um. What do you think treating yourself with kindness might be about?	
15	K.J	Kindness begins with myself, cause if I don't be kind to myself	Self-kindness Begin with yourself
16	K.J	then I'm not going to be kind towards others.	Not being kind to others
17	D.M	And is it easy or difficult to do?	
18	K.J	For me it was quite easy <i>[higher pitched voice]</i> .	Self-kindness comes easily
19	D.M	Alright, um did you feel that this shifted I any way during the therapy? Having the kindness	
20	D.M	towards yourself.	
21	K.J	Well there's more quietness in my house. We learn to get along now.	Shift in home environment Transfer what I learnt into daily life

			Getting along with family members Improved interpersonal relationships
22	D.M	Okay, and how did you experience being in the group?	
23	K.J	Oo for me, it was like a family.	Group is like a family Being supported by the group Building relationships with group members
24	D.M	Family.	
25	K.J	It was like a family.	
26	D.M	Umm did the music making affect your interaction with others in the group? If so, how?	
27	K.J	No, I think it was quite cool <i>[smiles and laughs]</i> .	Enjoyable music making experience
28	D.M	<i>[laughs]</i>	
29	K.J	Cool.	
30	D.M	Okay, um how did you feel when you were making music with the group?	
31	K.J	Like I belong.	Sense of belonging Being supported by the group Interpersonal relationships
32	D.M	You belong.	

33	K.J	Like I belong.	
34	D.M	And are there times that you are the only person that has gone through what you've gone	
35	D.M	through?	
36	K.J	No.	
37	D.M	Um are there times where when you feel like there are others who have also gone through	
38	D.M	similar things?	
39	K.J	I never heard they got something um similar to me, but I can relate to them.	Relating to other people's challenges
40	K.J	I've got a gift that I can feel your pain and someone else's pain.	Awareness of other people's pain Awareness of others
41	D.M	And how did that make you feel? Or how does it make you feel?	
42	K.J	It makes me sad because sometimes I don't have words to encourage them and comfort	Struggle to comfort others
43	K.J	them.	Feeling sad
44	D.M	Ya. Okay. How did you feel about yourself at the beginning of the music therapy process?	
45	K.J	I hated myself, I didn't like the things I did and stuff like that.	Expressing frustration Initial self-hatred Decreased self esteem Negative self-image
46	D.M	<i>[Pause]</i> and if I say the phrase, being fully present and aware of yourself and those around	
47	D.M	you. What does that make you think of?	

48	K.J	I'm open-minded.	Being open-minded in relation to others
49	D.M	Mmm. Um is it something that you experience often? Being open-minded.	
50	K.J	Not really, since I joined this group.	Initial limit to open-mindedness
51	D.M	Since you joined the group.	
52	D.M	And do you find it's helpful to be...	
53	K.J	It is. Very helpful.	Benefits of being open-minded
54	D.M	Okay.	
55	D.M	What is your understanding of what self-compassion is?	
56	K.J	<i>[Pause]</i> I have to be passionate about something I do. If I want to do something I have to	Self-compassion is being passionate about what you do
57	K.J	be passionate about it otherwise it won't work.	
58	D.M	Ya and, your self-compassion? So, for yourself.	
59	K.J	For myself? That will be good. I'm feeling <i>[hand gestures thumbs up]</i> .	Acknowledge self-compassion as helpful Positive emotional experience
60	D.M	Do you feel that the music therapy process has impacted your experience of self-	
61	D.M	compassion in any way? Could you describe that?	
62	K.J	It make me feel more relaxing and more relaxed.	Feeling relaxed Less stressed At ease

63	K.J	No sadness, I don't have negative thoughts anymore. I'm good.	Decrease in feelings of sadness Decrease in negative thoughts Positive feelings
64	D.M	All right. How did you feel about yourself at the end of the music therapy process?	
65	K.J	Happy with myself.	Self-contentment Positive self-image
66	D.M	Happy with yourself. Okay.	
67	D.M	What do you think was the most valuable part of the music process for you?	
68	K.J	Just being me <i>[pause]</i> no thoughts about others, no negative stuff, nothing.	Enjoy being myself Putting myself first No negativity
69	K.J	Just about me being happy.	Feeling happy Positive emotional experience
70	D.M	Um can you give me one word or phrase to describe your experience of the group music	
71	D.M	therapy sessions?	
72	K.J	Oo awesome! <i>[Smiles and laughs]</i>	Awesome experience in the group
73	D.M	<i>[Laughs]</i>	
74	K.J	Awesome!	
75	D.M	And then before we close off this interview, is there anything that you would like to add?	
76	K.J	I would just like to say thank you.	Gratitude towards therapist

77	D.M	You're welcome.	
78	K.J	From the bottom of my heart, thank you very much.	Gratitude towards therapist
79	D.M	Thank you it was so great to meet you.	
80	K.J	You helped me a lot.	Therapist as facilitator Therapist as helper
81	D.M	Thank you, for helping me with my research and finding out more about self-compassion.	
82	D.M	Thank you.	
83	K.J	It makes me also find things about, out about myself.	Discovering things about myself Learning about oneself
84	D.M	Thank you so much.	
85	K.J	Pleasure.	

Appendix: H- Thick descriptions of audio excerpts with interpretive notes and emergent themes

Audio excerpt 1- Thick description 1

Session: 1

Time into the session: 11:25 minutes

Activity

It was the second time that we have met today. The group presented as willing and excited to be at the session today. During the structured drumming exercise, the participants expressed laughter and engaged in light conversation with each other and me. The structured drumming exercise helped familiarize the group with the drum; it also allowed the group to become comfortable with playing together. This was helpful as the group members were more comfortable when asked to play in a more unstructured manner (free improvisation).

Prior to this audio excerpt, I had welcomed the participants into the room, we introduced ourselves and we began with a structured drumming exercise, wherein I taught the group the various sounds we can achieve on the drum. The structured drumming exercise served as an icebreaker, as we played various games to get to know each other and to become familiar on the drum. This then leads to the audio excerpt, which has been described below, the excerpt is taken from the free improvisation where little direction was given from the therapist.

Real time	Thick description	Interpretive notes	Emergent themes
0:00	<p>1 Therapist invites the group to layer their own rhythm on</p> <p>2 top of the beat when it is their turn. Therapist invites</p> <p>3 someone to begin, Participant A volunteers excitedly</p> <p>4 and begins to play a strong and loud rhythm on the</p> <p>5 drum. It is 4/4 meter with crochet and quaver beats at a</p> <p>6 moderate pace. Thereafter the participants add their</p> <p>7 rhythms one by one. At first the pulse is lost and</p> <p>8 fragmented.</p>	<p>Participant leads with a strong pulse.</p> <p>Participants join in the music together.</p> <p>Pulse may be lost or fragmented, as it may be a new experience for the group.</p>	<p>Individual leadership skills</p> <p>Group cohesion.</p> <p>Being supported by the group</p> <p>Individual's voice added to the group's</p> <p>Music is fragmented</p>
0:12	<p>9 Drumming gets softer and participants look at each</p> <p>10 other confusingly.</p>	<p>There seems to be uncertainty in the music of the group when all members are playing together.</p> <p>Group seems wary to play together</p>	<p>Uncertainty in the music</p> <p>Confusion</p> <p>Wary to play together</p>
0:20	<p>11 Participant A plays loudly in order to re-establish the 12</p> <p>pulse.</p>	<p>Participant A takes on a leadership role within the music, which may encourage the other</p>	<p>Individual leadership</p> <p>Group member encourages the group</p>

	13 Therapist matches participant A's intensity and this 14 creates a support for the group in the music.	group members to continue to contribute in the music. Therapist supports the group's contributions within the music.	Contributing to the music Support by the therapist Affirmed by the therapist
0:22	15 Participants D and F play along tentatively and do not 16 often make eye contact with the group.	Tentative playing and sporadic eye contact may suggest that the group members are wary of this new experience.	Tentative playing Uncertainty Wary of new experience
0:25	17 Therapist imitates participant A's pulse.	Therapist validates group member's contributions.	Affirmed by the therapist Validation by the therapist Encouragement by the therapist
0:33	18 Pulse is more established. Music is starting to flow 19 and the participants begin to feel the music by 20 swaying their bodies and nodding their heads to the 21 pulse.	Established pulse and flow in the music suggests togetherness and an awareness of others. The participants seem to relax, as they move their bodies to the pulse.	Negotiation Togetherness in the music Awareness of others Working together Relaxed swaying

0:40	<p>22 Music merges into one quaver rhythm that is led by 23 Participant A and C.</p> <p>24 Therapist encourages the rhythm by imitating it back 25 to the group.</p>	<p>Group's music begins to establish one rhythm; this may suggest awareness of others and playing together.</p> <p>Therapist affirms music of the group.</p>	<p>Group's voice emerges Awareness of others Togetherness in the music Playing together</p> <p>Imitation by therapist Affirmed by the therapist Encouraged by therapist</p>
0:48	<p>26 Pulse of the rhythm becomes stronger; there is more 27 and all participants are playing together.</p>	<p>Group plays together an increase in pulse may suggests ownership of the music and a sense of togetherness.</p>	<p>Strong playing</p> <p>Togetherness in the music</p> <p>Working together</p> <p>Joint ownership of the music</p> <p>Being supported by the group</p>
0:54	<p>28 Rhythm is well established in the music and there is 29 an increase in energy. Participant A and Participant F 30 introduce playfulness in the music by use of hand</p>	<p>Music of the group flows comfortably.</p>	<p>Increased energy Music flows Comfortable playing Playfulness</p>

	31 gestures whilst hitting on the drums, this encourages a 32 playful atmosphere in the group's music.	Participants introduce playfulness within the music and the rest of the group join in, this may suggest a sense of togetherness and mutual enjoyment.	Enjoyable experience Togetherness in the music Playful atmosphere Sense of togetherness Mutual enjoyment
1:03	33 Drumming increases intensity and this is mutually met 34 by all group members. There continues to be sense of 35 playfulness in the group's music, but there is a serious 36 edge to where the group is beginning to take the 37 music, this is heard in the strong pulse and accented first beat	The group's music is playful and increases in intensity.	Increased intensity. Increased group awareness Mutuality and reciprocity in the music. Serious undertone within the group's music.
1:07	38 Group slightly changes the rhythm to six quavers and 39 one crochet beat. The crochet beat at 40 the end is emphasized by the group and the intensity 41 continues to increase. This is led by Participant A.	The group's music flows and increases in energy, whilst gradually building the intensity. Participant A demonstrates a leadership role in the music.	Variation in group's music Music flows Increase in energy Building intensity Individual leadership Leading the group

1:09	42 Therapist matches the group's intensity and imitates 43 the varied rhythm.	Therapist matches the group's music to validate the group's contributions within the music.	Therapist validates the group Validation by therapist Affirmed by the therapist
1:13	44 Music begins to settle into a groove where the music 45 flows and is cohesive. All participants continue to play 46 together and move their bodies to the rhythm.	Cohesion within the group's music, the pulse is steady and the drumming is together. Body movements to the pulse of the music may suggest enjoyment and bodily awareness.	Music flows Group cohesion Steady pulse Working together Togetherness in the music Enjoyment Bodily awareness
1:23	47 Once the music is settled a varied rhythm is 48 introduced by the group. The new 49 negotiated rhythm incorporates nuances of previous 50 rhythms played.	New musical material introduced by the group suggests that the group may begin to feel comfortable, the voice of the group is beginning to emerge, ownership of the music and self-confidence. Awareness of others and togetherness.	New musical ideas Creativity Negotiation Comfortable in the music Working together Voice of the group emerges Joint ownership of the music Self-confidence Awareness of others Togetherness in the music

1:33	51 The therapist decreases her dynamic level in the 52 music and does not play as prominently as before.	Therapist holds back in the music to offer a space for the group's voice to emerge.	Therapist holds back Group's voice emerges Confidence in the music
1:41	53 Rhythm slightly changes again and the group 54 negotiates this without verbal interaction.	Awareness of each other within the music and connected through the music.	Negotiation within the music Awareness of each other Connected in the music Interpersonal connection
1:51	55 A new rhythm emerges. Some of the 56 group members play the new theme and others 57 continue to play the original rhythm.	The flow of the music remains constant even when group members introduce new musical ideas. The group splits and various roles within the group begin to emerge.	Flow within the music New musical material Roles emerge within the group Individual's voice Maintaining joint ownership
2:02	58 Both rhythms become more distinct.	Confidence in the music allows various individual voices to emerge. Awareness of each other and support for various musical ideas to emerge.	Confidence in the music Individual voices emerge Awareness of each other Being supported by the group New musical ideas emerge

			Working together
2:21	59 Both rhythms are combined to form a two bar crochet 60 and quaver rhythm, with three strong crochet beats at 61 the end of the phrase.	New musical ideas emerge from two contrasting rhythms, which suggests that the group members are listening to each other.	New musical ideas emerge Creativity Working together in the music Listening to each other Awareness of each other
2:32	62 The tempo slows down and the therapist echoes it in 63 her playing.	The therapist affirms the group's change in the music.	Imitated by therapist Affirmed by the therapist Support by therapist
2:44	64 The tempo begins to settle and a new rhythm 65 emerges.	Group's music reconciles and new ideas emerge.	Music reconciles Working together New musical ideas merge Creativity
3:01	66 Music continues in the same intensity. A sense of 67 playfulness emerges from the group's playing as they 68 include an accent on beat one.	Intensity and flow of music is constant and the mood playful.	Intensity in the music Music flows Playfulness Enjoyable experience
3:18	69 Music slows down and the group members become 70 lazy in the way in which they hit on the drums. The 71 group members seem to be less focused than before.	Group may become less interested in the repetitive nature of the rhythm and the exercise may be continuing for too long.	Decrease in interest Repetitive playing

		Decreased focus amongst the group members seems to make the music sound heavy.	Decreased focus
3:31	72 A few group members begin to speak softly to each other (inaudible on recording), they seem bored with the exercise. The music begins to fragment and becomes lazy.	Verbal interactions between group members become more apparent as the music begins to slow down and becomes lazy. The music begins to fragment and become disorganized.	Verbal interactions Boredom Music becomes disorganized Music fragments
3:37	76 Participant A introduces a simpler crochet basic beat. All of the group members join in. The mood of the music is more focused as opposed to its earlier disorganized quality.	Participant A leads the group with a rhythm; this focuses the group members and their music, this may suggest that she felt uncomfortable with the fragmentation. The music shifts and becomes more coherent.	Individual leadership skills Group members join in Focused Uncomfortable with the fragmentation Music becomes coherent
3:44	80 Group increases the energy by playing the same rhythm loudly together. Some members begin to laugh with one another.	This may suggest enjoyment in the music and increased awareness of each other.	Increased energy Enjoyment Playing together

			Increased awareness of each other Laughing together Interpersonal connection
3:51	83 Participant A and C introduce a fast 'rumble' on the 84 drum and the rest of the group follows. The intensity of 85 the music has increased and the pulse is strong. The 86 group is playful in their interaction with one another 87 during this moment.	Participant A leads the group. Increased rapport between the group members.	Individual leadership skills Increase in intensity Strong pulse Increased rapport Interpersonal connection Togetherness in the music
3:56	88 Group ends the music mutually. Participant B shouts, 89 "Aye!"	Group mutually negotiates the music to an end.	Group negotiates the music Confidence in the music
4:03	90 Therapist asks the group, "how does it feel?" 91 Participant A says, "Nice, I feel yoh!"	Verbal interaction by the therapist and group in order to establish the group's experience of the music making.	Facilitation by therapist Enjoyment Positive emotional response
4:08	93 Therapist says, " what's that feeling? Can you name 94 it?"	Question from the therapist to the group in order to establish how the group experienced the music making.	Facilitation by therapist
4:10	95 Participant A says, " No, I cant explain myself now, I	Indescribable positive experience.	Indescribable positive experience Loss of words

	96 feel much better, the music now..." Participant hits on 97 the drum with a high energy.	Participant A experiences a shift in mood.	Shift in mood of the music Feeling much better Emotional awareness Emotional expression on the drum
4:17	98 Participant B says, " It brings happiness out of you."	Experiencing happiness.	Experience happiness Emotional expression
4:19	99 Therapist acknowledges Participant B's contribution 100 by nodding and saying, "yes."	Affirmed by the therapist.	Affirmed by the therapist
4:20	101 Participant C says, " It feels like I'm taking out all my 102 frustrations on the drum..." Participant C plays fast 103 on her drum and begins to laugh; the other members 104 join in with laughter.	Expressing frustration on the drum. Group members join in laughter, which may suggest that the group agrees with her.	Expressing frustration Emotional awareness Emotional release Emotional expression on the drum Laughing together Group agrees
4:27	105 Participant A says, "no fighting just (hits on drum)" 106 Laughs.	Participant A may see drumming as an alternative to fighting.	Drumming as an alternative emotional release
4:34	107 Participant A says, "Much better, all the stress comes 108 out lekker (plays on drum)."	Experience of emotions and feelings of stress release.	Stress release Catharsis Emotional expression

4:40	109 Participant F says, “ You don’t think of problems or 110 anything because you concentrating on the beat that 111 you playing.” Participant B agrees and says, “ya!”	Being focused in the moment and not being distracted. Thoughts are more focused.	Music as a distraction. Music as an escape. Focused
4:47	112 Therapist says, “Did you feel as though you were 113 listening to everyone else or…” group collectively 114 answers, “yes!”	Group collectively agrees that they listened to each other in the music.	Group agrees Listening Awareness of each other
4:53	115 Therapist affirms the group by acknowledging 116 teamwork and listening to each other. 117 Group members nod and say, “mm” in agreement.	Therapist encourages the group through affirming their experience. Validation of group’s experience. Recognition of group’s experience.	Affirmed by the therapist Encouraged by therapist Validation of group’s experience Group agrees
5:03	118 Participant A says, “ But we’re in a beat now.” Group 119 and therapist agrees by saying, “ya!”	Acknowledgement by group members that they were playing together, they were aware of each other, listening to each other.	Being connected in the music Working together Awareness of each other Listening to each other

Audio excerpt 2-Thick description 2

Session: 2

Time into the session: 39 minutes

Activity

The group was asked to write a verse to a pre-composed song namely, 'Where is the love' by the Black-eyed Peas (2003). I asked the group to write something that they would like to say to the people who have hurt them. The group wrote the following verse collectively:

I'm a survivor, I'm a forgiver
Only God can judge me
So please stop with your backstabbing.

Your mother don't want you
So I can beat you up
She won't even care what's happening to you

Get a life or go fly a kite
Or I will stand up and fight
There won't even be a worry, cause you'll be the one who's sorry

Real time	Thick description	Interpretive notes	Emergent themes
0:04	1 Group sings the pre-composed chorus together at a 2 forte dynamic level and a moderate speed. The singing 3 of the group can be described as tentative, as they are 4 singing softly and the music slows in tempo. The group 5 may also seems wary to sing in front of each other.	Group may be unfamiliar with the exercise. This may be a new experience for some group members and they may find it intimidating to sing in front of others.	Tentative singing Unfamiliarity Intimidating experience
0:23	6 Some of the group members begin to play the pulse of 7 the music on the instruments they have chosen; this 8 increases the intensity of the music.	Including instruments seem to increase the energy among the group members and in the music. The group seems to take more ownership of the music as they become more involved.	Increased intensity Increased energy Maintaining joint ownership of the music Becoming involved in the music Increased self-esteem
0:26	9 Therapist signals a return to the verse by singing the 10 first word of the verse. The group members follow the 11 music naturally.	Group's response may indicate that they begin to trust the therapist and follow her directions.	Facilitation by the therapist Trusting the therapist Following the therapist Naturally follow the music
0:33	12 Increase in dynamic level and lyrics become accented 13 when the group members sing, "Only God can judge 14 me."	This lyric may resonate with the group. Emphasis on the words may indicate an emotional response to the music.	Lyrics resonate with group Emotional response to lyrics Opportunity for self-expression

0:45	15 The music continues to flow when the dynamic level 16 decreases and this naturally changes the contour of 17 the music.	Group continues to work together to support the music even when changes occur. Group members collectively keep the music going.	Music flows Working together Group supports the music Togetherness in the music
0:56	18 Peak in the group's energy and in the music when 19 they sing, "Get a life or go fly a kite, or I will stand up 20 and fight." This lyric is also accented when sung.	Group may resonate with the particular lyric. Accent may suggest an emotional response to the lyric.	Increased energy Lyric resonates with the group Emotional response to the lyric Opportunity for self-expression Connecting music with emotion
1:04	21 Return back to singing the chorus. The group's energy 22 in the music continues to grow and Participant A 23 begins to introduce clapping on beats 2 and 4 of the 24 pulse, some group members join in with her.	Group's energy peaks in the music. Introducing new music material seems to create shift in the mood of the music, encourages leadership skills, and the group begins to take ownership of the music.	Peak in energy Introducing new musical ideas Shift in mood of the music Individual leadership skills Encourage each other Everyone joins in Sense of ownership
1:16	25 Tempo and dynamic level of the music increase. The 26 group's music is livelier and some begin to play beats 27 two and four on the djembe drum.	Increased energy in the music, which is accented by the playing on drums.	Increased energy Livelier music Accented playing on drums

1:22	28 Rhythm on the djembe drum becomes more intricate 29 and compliments the group's singing. The drumming 30 creates a sense of a forward motion in the music.	The rhythms become more intricate suggesting that each individual's voice makes up the whole. The rhythm on the djembe drum creates a sense of a forward motion in the group's music.	Intricate rhythms on the drum Group's voice emerges Forward motion in the music Movement in the music
1:29	31 Increase in intensity of the drumming. The singing 32 slightly fades, and the drumming becomes the focus. 33 The music continues to flow.	The increase in intensity of the drumming suggests a climax in the music. The singing gives way for more free improvisational playing on the drums	Increased intensity on the drums Music climaxes Music flows Free improvisational playing
1:31	34 Introduction of more percussive instruments. Some 35 group members are singing and others are playing 36 instruments.	Introduction of more instruments changes, and enhances the timbre of the music. Group naturally divides into singers and instrumental players within the music, this may imply that the group members feel safe to explore and hold their own. It	Variation in the music Confidence in the music Various roles in the music Feeling safe to explore Hold your own

		may also demonstrate autonomy and willingness to engage in the music.	Autonomy Willingness to engage
1:52	37 We return to singing the verse. The dynamic level 38 increases and more group members join in.	Group members may feel encouraged to join in when returning to the verse.	Members join in Togetherness in the music Encourage each other
2:31	39 Return to the chorus of the song, the drumming and 40 percussive playing is more pronounced and carries 41 the music forward.	This seems to an increased confidence when playing together.	Accented playing Increased confidence Togetherness in the music Connected in the music Forward motion in the music
2:41	42 As the dynamic level decreases, the group's music 43 becomes more focused and increasing in intensity. 44 We continue to sing the chorus and some group 45 member's eyes are closed whilst they sing.	Music becomes softer and intense, as it seems as though the group members are reminiscing within the musical experience. Some group members close their eyes whilst singing.	Increase in intensity Reminiscing in the musical experience Emotional awareness Expressive moment Individual experience
3:04	46 The group stops singing, but they continue to play on 47 their instruments. The music flows and has a definite 48 pulse.	Singing gives way to freer improvisational play. The group members are freer to explore on	Free improvisational playing Music flows Free to explore

		their instruments within the music.	
3:11	<p>49 The group continues to freely play their instruments.</p> <p>50 The music of the group is focused and together.</p> <p>51 Group members play a complimenting rhythm or</p> <p>52 sound on their instrument, which enhances the basic</p> <p>53 beat played on the djembe drum.</p>	<p>Group members listen to each other, whilst individually exploring within the music.</p> <p>The varying rhythms may represent each group member's individual voice, which collectively makes up the voice of the group.</p>	<p>Focused in the music</p> <p>Listening to each other</p> <p>Complimenting each other's playing</p> <p>Exploring in the music</p> <p>Variation in playing</p> <p>Individual's voice</p> <p>Group's voice emerges</p> <p>Working together</p> <p>Connected in the music</p>
3:22	<p>54 As we continue to play on our instruments, the music</p> <p>55 decreases in dynamic level and members begin to drop out of the music.</p>	<p>Group may have lost focus within the music as the music becomes repetitive. The group may be bored , as the exercise has continued for a long time.</p>	<p>Shift in mood</p> <p>Music is repetitive</p> <p>Music is heavy</p> <p>Decreased focus</p> <p>Boredom</p>
3:28	<p>56 Therapist introduces the verse and some of the</p> <p>group 57 members join in softly. The singing of the</p> <p>group</p> <p>58 becomes slower and some members show an</p>	<p>The mood of the music may suggest an emotional response as well as a sense of ownership of the song.</p>	<p>Facilitation by therapist</p> <p>Shift in mood</p> <p>Emotional awareness</p> <p>Emotional response</p>

	59 emotional response within the music.		Sense of ownership
3:45	60 Increase in energy and dynamic level when the group 61 sings, “ You won’t even care what’s happening to you.”	Increase in energy and dynamic level of the groups singing, this may suggest that the lyric resonates with the group; it may also display the group’s ownership of the music.	Increased energy Lyric resonates with group Emotional response to lyric Joint ownership of the music
4:03	62 Return to singing the chorus. The group’s music flows, 63 has a stronger pulse and increases in energy.	An increase in energy may suggest the group’s willingness to engage together in the music, as well as an increased emotional response to the group’s music. Returning to the chorus creates a shared musical experience where each group member’s voice is heard.	Music flows Increased energy Stronger pulse Increased emotional response Willingness to engage Shared musical experience Individual’s voice is heard
4:09	64 Introduction of a varying rhythm on the drum by 65 Participant A, which keeps the flow of the music.	Participant A introduces a new idea, which varies the sound of the music and creates increased continuity.	Individual leadership skills New musical idea Increased continuity in the music

4:20	66 Group continues to sing the chorus until the music 67 fades out and ends.	Group sings together until mutually ending the music. This may suggest that the group members are listening to each other, and are aware of each other in the music.	Singing together Ending together Listening to each other Negotiating Awareness of each other Shared group experience
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Audio excerpt 3-Thick description 3

Session: 6

Time into the session: 34 minutes

Activity

Before this excerpt I paired the group members, including the therapist. I then asked each member to pick three words, which they thought best described their partner. There were various words of affirmation laid out on the floor and the group was given a few minutes to pick the words. Thereafter, we each handed the words to our partner and laid it out on the floor for everyone to see. I taught the group the chorus to the accompanying song and each member had a turn to have their words sung back to them by the group, we returned to singing the chorus various times in this exercise.

Real Time	Thick Description	Interpretive notes	Emergent themes
0:01	1 Therapist sings a two-bar motif using vowel sounds 2 and signals to the group using hand gestures, to 3 repeat it after her. The group repeats the motif 4 confidently, as they all sing together and play on 5 percussive instruments.	Therapist actively involves the group members. Confidence within the music when the group sings together, this may suggest a sense of teamwork amongst group members.	Facilitation by the therapist Group involvement Confidence in the music Togetherness in the music Teamwork
0:09	6 Therapist sings the second motif and the group 7 answers confidently together, this increases the 8 energy and the music continues to flow.	The shared group experience promotes confidence and togetherness thus, increasing the energy of the music.	Confidence in the music Group cohesion Togetherness in the music Increased energy Music flows
0:27	9 Therapist introduces participant A's words that 10 represent her, by singing them to the group. The 11 group sings the words with the therapist and there is 12 a sense of togetherness in the music, as all group 13 members sing the words with enthusiasm.	The shared group experience and acknowledgement of participant's words promotes unity and enthusiasm.	Group acknowledges the individual Unity Sense of mutuality Together in the music Enthusiasm
0:37	14 We sing the words, "reliable, strong and funny" 15 together. There is an increased emphasis in the way 16 in which the group sings. The pulse of the music is 17 steady and each group member is focused on	Lyrics may resonate with the group members. The increased emphasis could suggest	Emotional response to the lyrics Lyrics resonate with the group Invested in emotional experience Togetherness in the music

	<p>18 singing together, they also begin to move their 19 bodies to the music.</p>	<p>acknowledgement of a shared experience.</p> <p>Body movements and singing together may suggest enjoyment in the music, a shared experience as well as body awareness.</p>	<p>Steady flow of music</p> <p>Focused</p> <p>Togetherness in the music</p> <p>Body movement</p> <p>Bodily awareness</p> <p>Enjoyment</p>
0:38	<p>20 There is a gap in the music where the therapist plays 21 the guitar, she shouts “whooo!” and some 22 participants’ smile.</p>	<p>Interaction with the therapist in the music creates rapport between the participants, as some begin to smile. This may also suggest that trust is beginning to foster within the client-therapist relationship.</p>	<p>Interacting with therapist</p> <p>Encouragement by therapist</p> <p>Rapport</p> <p>Smiling</p> <p>Trust beginning to foster</p> <p>Client-therapist relationship</p>
0:40	<p>23 Therapist signals by facial expression to return to 24 singing participant A’s words.</p>	<p>Facilitation by the therapist is done more subtly; this may suggest familiarity within the music, awareness of the client-therapist relationship, and that the group trusts the therapist within the music.</p>	<p>Subtle facilitation by therapist</p> <p>Familiarity in the music</p> <p>Awareness of client-therapist relationship</p> <p>Trusting the therapist</p>

0:42	<p>25 We sing the words together again. The music has</p> <p>26 increased in dynamic level and each word is more</p> <p>27 pronounced than the previous time.</p>	<p>There is greater energy in the group's music this may suggest familiarity and trust amongst group members and therapist.</p>	<p>Singing together</p> <p>Greater energy</p> <p>Lyrics/words emphasized</p> <p>Familiarity in the music</p> <p>Trust amongst each other</p>
0:45	<p>28 Therapist asks the group to sing the words one last 29 time.</p> <p>30 The music is now lead by Participant A and the</p> <p>31 group continues to move their bodies to the music.</p>	<p>Repetition in the music creates increased energy and rapport within the music.</p> <p>Participant A begins to lead the music and this may suggest ownership of the music, leadership skills, self-confidence and being supported by the group.</p> <p>Body movements to the music may suggest an enjoyable experience and bodily awareness.</p>	<p>Increased energy</p> <p>Increased rapport in the music</p> <p>Individual leadership skills</p> <p>A sense of ownership</p> <p>Self-confidence</p> <p>Being supported by the group</p> <p>Body movements</p> <p>Enjoyable experience</p> <p>Bodily awareness</p>
0:48	<p>32 The group sings, "reliable, strong, funny" and</p> <p>33 Participant A shouts, "That's me!" with enthusiasm.</p>	<p>Participant A's enthusiasm may suggest that the words resonate with her and a sense of ownership thereof. She may also</p>	<p>Enthusiasm in the music</p> <p>Lyrics resonate with individual</p> <p>A sense of ownership</p> <p>Being supported by the group</p>

		feel supported by the group to voice her personal affirmations.	Personal affirmations
0:53	34 Therapist signals to sing the chorus again, by 35 beginning the call and response. 36 The group members join in together and sing with 37 increased energy and expression.	Facilitation by the therapist to return to familiar material and for the focus to return to the shared group experience. Being together in the music and working as a group increases the energy and expression.	Facilitation by the therapist Familiarity in the music Focused Shared group experience Togetherness in the music Increased energy Self-expression
0:57	38 Group begins to sing both the call and response to 39 the chorus. Therapist's voice is no longer as distinct, 40 as everyone sings confidently together.	Group becomes confident to lead the music together suggesting ownership of the music. The group's voice is made up of each group member's contribution this suggests a shared experience, confidence within the group and support of one another within the group and music.	Group becomes confident Confident to lead Joint ownership of the music Group's voice emerges Togetherness in the music Group supports each other in the music
1:17	41 Therapist signals the next person's turn by saying, 42 participant D's name. The group sing the words that 43 participant D has in front of her namely, "strong,	Acknowledgement of group members name may provide encouragement and affirmation.	Group acknowledges the individual Encouragement Affirmation

	<p>44 brave and a fighter". The group's singing is strong 45 and confident. Each group member sings along and 46 some play percussive instruments, which increase 47 the energy of the music and creates a forward 48 motion.</p>	<p>Confident and strong singing may suggest an increase in expression and that the words resonate with the group members. Percussive instruments create an increase in energy and forward motion within the music.</p>	<p>Confident Strong singing Lyrics resonate with the group Percussion increases energy Forward motion in the music</p>
1:28	<p>49 We continue to sing participant D's words together. 50 Some group members become playful and laugh, 51 whilst participant B smiles as we sing her words.</p>	<p>Acknowledgement of individual by the group. Group members become playful and some begin to laugh or smile this may suggest enjoyment within the shared experience and the formation of relationships amongst members within the music.</p>	<p>Acknowledging the individual Playful Laughing and smiling Enjoyment in the shared experience Forming relationships Interpersonal relationships</p>
1:39	<p>52 Therapist introduces the next person's turn by saying 53 participant C's name. 54 The group quickly joins in and sings the words that 55 are in front of her.</p>	<p>Acknowledgement of an individual by the therapist, which may increase rapport and trust between the therapist and the group.</p>	<p>Affirmed by the therapist Increased rapport and trust between therapist and group Group acknowledges individual Group supports individual</p>

		Group acknowledges and supports individual within the music.	
1:46	56 We sing participant C's words together. The group 57 sings, "smart, creative, a friend" The music is 58 powerful as all group members acknowledge 59 participant C as they sing her words. There is good 60 rapport between the members as they negotiate the 61 music together and make eye contact with each 62 other.	Group acknowledges individual by singing their words, this increases connection and relationship between the group members. Group seems to be confident in leading the music and takes ownership of what they are creating together	Group acknowledges the individual Connection in the music Fostering interpersonal relationships Good rapport Negotiating Confident in leading Taking ownership Creating together Eye-contact
1:55	63 The pulse begins to slow down quickly. The therapist 64 introduces the chorus by signalling with her voice, 65 this increases the tempo of the music and the group 66 members seem to be more focused.	Decrease in pulse may suggest that the group members become bored with the verse. Introduction of familiar material that all group members sing, which increases the energy within the music.	Boredom Familiarity in the music Increased energy More focused

2:15	67 We sing the chorus together. There is enthusiasm in 68 the way in which the group members sing and some 69 members begin to move their bodies to the music.	Group is enthusiastic when they sing together. Body movements may suggest an enjoyable experience, bodily awareness.	Togetherness in the music Enthusiasm Enjoyable experience Body movement Bodily awareness
2:27	70 Therapist introduces participant B's words, the group 71 sings loudly and maintains a steady flow within the 72 music.	A steady flow in the music is maintained through the group's loud singing.	Group acknowledges the individual Steady flow in the music Confident loud singing
2:35	73 The group's singing is momentarily disorganized, but 74 it quickly regains its flow with the help of the 75 therapist's strumming on the guitar.	Focus is momentarily lost in the music when therapist takes less of a leadership role. Music regains flow; therapist supports the group and provides grounding in the music.	Disorganized singing Decreased focus Therapist decreases leadership Music regains flow Therapist supports Therapist provides grounding in music
2:49	76 The therapist cheers in encouragement for the group 77 and then introduces the next person's turn 78 (Participant F). The group sings participant F's words 79 namely, "A friend, smart, funny." 80 Some members begin to shout, cheer and laugh 81 within the gaps of the music.	Encouragement by the therapist. Therapist invites group members to use their voices by demonstrating. Group begins to cheer, shout and laugh suggesting enjoyment, being comfortable in the music	Cheering Encouragement by therapist Therapist demonstrates Cheering and shouting Laughing Enjoyable experience

		and with each other, and self-expression.	Being comfortable in the music Self-expression
3:07	82 Therapist signals the group to return to the chorus by 83 saying, "Here we go!"	Facilitation by the therapist and returning to familiar material where all group members sing together.	Facilitation by the therapist Return to familiar material Singing together
3:19	84 A member who is playing the tambourine speeds up 85 the chorus, this increases the energy of the group's 86 music and the group members begin to sing louder.	Listening to each other, taking ownership of the shared experience.	Individual leads Listening to each other Taking ownership of the music Togetherness in the music Increased energy Confident loud singing
3:27	87 There is good rapport between the members as we 88 sing the chorus together. 89 The singing is strong and the voice of each member 90 makes up the collective voice of the group.	Collective singing increases the rapport and may suggest a sense of support among the group members. Acceptance and acknowledgement of each member's voice in relation to the group as a whole.	Good rapport between members Singing together Working together in the music Being supported by the group Acceptance and acknowledgement of individual's voice in the group

3:47	<p>91 Therapist signals the next person's turn (participant 92 E). As we sing the words in front of her, some group 93 members shout and make encouraging comments 94 such as, "You go girl!" This lifts the energy of the 95 group and increases the rapport between the 96 members; it also supports the music and carries it 97 forward.</p>	<p>Each member is acknowledged when we sing their words; the group then also begins to encourage each other through this interaction, which lifts the energy of the music. The playful interaction and comments between members create rapport.</p>	<p>Group acknowledges the individual Encourage each other Energy lifts Encouraging comments (giving & receiving) Increased rapport Being supported by the group Carries music forward Playful interaction</p>
3:55	<p>98 Therapist introduces her turn and the group sings the 99 words in front of her. Therapist plays the wrong 100 chord momentarily, the group notices and the laugh 101 together, the music continues to flow and the 102 mistake creates rapport between the therapist and 103 the group members.</p>	<p>When the therapist makes a mistake, there is a sense of genuineness and humanness within the interaction, which helps to maintain the flow of the music.</p>	<p>Therapist makes mistake Sense of genuineness Humanness within the interaction Flow maintained</p>
4:12	<p>104 Therapist signals the group to sing the chorus by 105 saying, "here we go!"</p> <p>106 Some group members get excited as we sing the 107 chorus for the last time.</p>	<p>Facilitation by the therapist to return to familiar material sung by the group as a whole. The focus is on the group as a whole. Surge of energy towards the end suggests an enjoyable</p>	<p>Facilitation by the therapist Familiarity in the music Surge of energy Excitement Enjoyable experience</p>

		experience, excitement and increase in expression.	Increased expression Togetherness in the music
4:20	107 Increased energy in the instrumental playing as well 108 as the singing. Group members move their bodies 109 to the music and seem to enjoy the interaction.	Both instrumental and playing and singing seem to increase the energy in the group's music. Body movements seem to suggest an enjoyable experience and bodily awareness.	Increased energy Instrumental playing Body movements Enjoyable interaction Bodily awareness
4:34	110 Therapist begins to slow the music down to a 111 natural stop; the group follows without verbal cue.	Group follows the therapist in the music, which may suggest that they are focused and engaged in the music experience.	Music slows down naturally Group follows therapist Trusting the therapist within the music Focused Engaged
4:48	112 Everyone shouts and moves their bodies as the 113 therapist plays the final chord. Members also hit or 114 shake their percussive instruments to end. The 115 energy is high and the group members smile at one 116 another.	Body movements and increased energy may suggest an enjoyable shared experience, increased emotional expression and ownership of the music.	Shouting Body movements Increased energy Excitement Enjoyment in the shared experience Increased emotional expression Maintaining joint ownership of the music Smiling together

Appendix: I- Complete list of emergent themes from all interview data in clusters

Mindful of challenges Sometimes feeling alone in the struggle Others also have struggles Others have worse challenges Learning from other people's challenges Acknowledge challenges in life Acknowledgement of other people's challenges Shared struggles Relating to other people's challenges Experienced many challenges Awareness of other people's pain Explore challenges Dealing with past events and feelings Not being kind to others
Feelings of being a failure Negative self-image Addiction as punishment Making myself suffer Self-harm Being judged by others Dealing with problems in my own way Individual experience of challenges Decreased self-esteem Self-hatred Self-criticism Self-punishment Self-criticism Strain on family members Hurting family members Self-doubt Nothing in life No respect for myself

Bottles up feelings

Initial self-hatred

Struggle to comfort others

Challenging to treat myself with kindness

Self-affirmation

Comfortable with myself

Working on yourself

Build yourself first

Begin with yourself

Self-help first

Liking myself

Self-compassion before others

Focus on the individual first

Self-compassion starts with yourself

Self-kindness comes easily

Acknowledges self-compassion as good helpful

Enjoy being myself

Persevering despite challenges

My problems are significant

Self-kindness is treating yourself

Spoiling yourself

Self-kindness

Acknowledge myself

Self-compassion is being passionate about what you do

My moment

Putting myself first

Feeling special

Unique

Initial shyness

Renewed motivation

Self-assurance

Self-confidence

Enjoys a challenge

Reclaiming self-confidence

Unique self

Positive self-image

<p>Shift in experience of speaking in front of others</p> <p>First time speaking in a group</p> <p>Increased self-esteem</p>
<p>Group focuses on individual</p> <p>Familiar with group experience</p> <p>Comfortable being around others</p> <p>Easy to be with others</p> <p>Contact with others</p> <p>Social interaction</p> <p>Sharing</p> <p>Gratitude towards therapist</p> <p>Grateful for the opportunity</p> <p>Building relationships in the group</p> <p>Group is like a family</p> <p>Sense of belonging</p> <p>Interpersonal connection</p> <p>Shared experience</p> <p>Awareness of others</p> <p>Interpersonal relationships</p> <p>Client-therapist relationship</p>
<p>Therapist is grateful</p> <p>Therapist as facilitator</p>
<p>Encouragement for the day and week</p>
<p>Enjoys making music with group</p> <p>Enjoys being around others</p> <p>Enjoys music</p> <p>Enjoys being at music therapy</p> <p>Glad to be at music therapy</p> <p>Positive experience in sessions</p> <p>Special experience</p> <p>Positive music-making experience</p> <p>Positive music therapy experience</p> <p>Uplifting experience</p> <p>Enjoyable music making experience</p> <p>Awesome group experience</p> <p>Positive emotional response</p>

<p>Positive feeling</p> <p>Content</p> <p>Feeling great</p> <p>Feeling calm</p> <p>Feeling collected</p> <p>Being focused</p> <p>Anticipation for the next session</p> <p>Grateful for the sessions</p> <p>Heart blooms</p> <p>Feeling happy</p> <p>Positive emotional experience</p> <p>Being fully present</p> <p>Good session</p> <p>Opportunity to be fully present with oneself and others</p> <p>Holistic experience in therapy</p> <p>Emotional expression</p> <p>Feeling much better</p> <p>Music as an escape</p> <p>Enjoyment</p> <p>Enjoyable experience</p> <p>Loss of words</p> <p>Indescribable positive experience</p>
<p>Initially stressed</p> <p>Expressed openness</p> <p>Sense of relief</p> <p>Usually sad and aggressive, but feeling free</p> <p>Self-contentment</p> <p>At ease</p> <p>No negativity</p> <p>Relaxing experience</p> <p>Feeling free</p> <p>Music as an escape</p> <p>Emotional release</p> <p>Stress release</p> <p>Inner bodily experience</p> <p>Bodily awareness</p>

<p>Imagery</p> <p>Expressive moment</p> <p>Expressing feelings</p> <p>Emotional awareness</p>
<p>One-sided contact</p> <p>Uncertainty</p> <p>Shyness</p> <p>Wary of group</p> <p>Wary of the unknown</p> <p>Difficult to speak in front of others</p> <p>Initial limit to open-mindedness</p>
<p>Positive shift in emotion</p> <p>Shift in emotional expressivity</p> <p>Shift in feeling after the session</p> <p>Shift in emotion</p> <p>Decrease in feelings of sadness</p> <p>Decrease in negative thoughts</p> <p>Feeling sad (initially)</p> <p>Shift in feeling</p>
<p>Feeling like a different person</p> <p>Shift in self-criticism</p> <p>Shift in self-punishment</p> <p>Shift in daily behaviour</p> <p>Discovering things about myself</p> <p>Learning about oneself</p>
<p>Self-compassion transfers to your family</p> <p>Being open-minded</p> <p>Shift in perspective in therapy</p> <p>Benefits of being open-minded</p> <p>Discovery of self-compassion</p> <p>Getting along with family members</p> <p>Improved interpersonal relationships</p> <p>Self-compassion as a new concept</p> <p>Transfer what I learnt into daily life</p> <p>Awareness of behaviour</p> <p>Shift in perspective</p>

Shift in home environment

Appendix: J- Complete list of emergent themes from thick descriptions of audio recordings in clusters

Group becomes confident Individual leadership skills Individual's voice Strong playing Comfortable playing Variation in group's music Leading the group Comfortable in the music Group's voice emerges Contributing to the music Forward motion in the music Feeling safe to explore Confidence in the music Hold your own Autonomy Willingness to engage Accented playing Increased confidence Free to explore Exploring in the music Familiarity in the music Personal affirmations Confident to lead Confident loud singing Encouraging comments (giving & receiving) Increased self-esteem
Group cohesion Group member encourages the group Negotiation Verbal interactions Working together Playing together Togetherness in the music

<p>Therapist makes mistake</p> <p>Joint ownership of the music</p> <p>Sense of togetherness</p> <p>Mutual enjoyment</p> <p>Increased group awareness</p> <p>Mutuality and reciprocity in the music</p> <p>Connected in the music</p> <p>Roles emerge within the group</p> <p>Maintaining joint ownership of the music</p> <p>Group members join in</p> <p>Increased awareness of each other</p> <p>Increased rapport</p> <p>Group agrees</p> <p>Interacting with therapist</p> <p>Various roles in the music</p> <p>Increased continuity in the music</p> <p>Singing together</p> <p>Ending together</p> <p>Listening to each other</p> <p>Group involvement</p> <p>Teamwork</p> <p>Unity</p> <p>Sense of mutuality</p> <p>Acknowledge shared experience</p> <p>Trust beginning to foster</p> <p>Trust amongst each other</p> <p>Group acknowledges the individual</p> <p>Acceptance and acknowledgement of individual's voice in the group</p> <p>Fostering interpersonal relationships</p> <p>Creating together</p> <p>Interpersonal connection</p> <p>Shared experience</p> <p>Awareness of others</p> <p>Interpersonal relationships</p> <p>Client-therapist relationship</p>
<p>Therapist as helper</p>

Supported by the therapist
Affirmed by the therapist
Validation by the therapist
Imitation by therapist
Trusting the therapist
Following the therapist
Subtle facilitation by therapist
Being supported by the group
Therapist supports
Therapist provides grounding in music
Sense of genuineness
Humanness within the interaction
Therapist demonstrates
Therapist holds back
Therapist is grateful
Therapist as facilitator

Encouragement by the therapist
Group supports music
Encourage each other
Everyone joins in
Complimenting each other's playing
Becoming involved in the music

Accented playing on the drums
Reminiscing in the musical experience
Music becomes coherent
Peak in energy
Intricate rhythms on the drum
Livelier music
Movement in the music
Music climaxes
Stronger pulse
Percussion increases energy
Music regains flow
Flow maintained
Naturally follow the music
Increased intensity

Building intensity
Steady pulse
Music reconciles
Intensity in the music
Playful atmosphere
Music as a distraction
Increased energy
Smiling
Laughing and smiling
Enjoyment in the shared experience
Cheering
Excitement
Engaged
Playfulness
Experience happiness
Emotional expression
Feeling much better
Music as an escape
Enjoyment
Enjoyable experience
Loss of words
Indescribable positive experience

Catharsis
Relaxed swaying
Music flows
Music as an escape
Emotional release
Stress release
Bodily awareness

Emotional response to lyrics
Lyrics resonate with group
Opportunity for self-expression
Connecting music with emotion
Increased emotional response
New musical ideas
Creativity

<p>Shift in mood in the music</p> <p>Emotional expression on the drum</p> <p>Expressing frustration</p> <p>Increased intensity on the drums</p> <p>Free improvisational playing</p> <p>Variation in the music</p> <p>Invested in emotional experience</p> <p>Increased emotional expression</p> <p>Emotional awareness</p>
<p>Boredom</p> <p>Decreased focus</p> <p>Music becomes disorganized</p> <p>Music fragments</p> <p>Decrease in interest</p> <p>Repetitive playing</p> <p>Uncomfortable with the fragmentation</p>
<p>Music is fragmented</p> <p>Uncertainty in the music</p> <p>Confusion</p> <p>Wary to play together</p> <p>Tentative playing</p> <p>Wary of new experience</p> <p>Unfamiliarity</p> <p>Intimidating experience</p>

Appendix: K- Complete list of emergent themes from both data resources in clusters

KEY

Data resource	Colour
Semi-structured interviews	Yellow
Audio-recording using thick descriptions	Green
Both data resources	Blue

<p>Mindful of challenges</p> <p>Sometimes feeling alone in the struggle</p> <p>Others also have struggles</p> <p>Others have worse challenges</p> <p>Learning from other people's challenges</p> <p>Acknowledge challenges in life</p> <p>Acknowledgement of other people's challenges</p> <p>Shared struggles</p> <p>Relating to other people's challenges</p> <p>Experienced many challenges</p> <p>Awareness of other people's pain</p> <p>Explore challenges</p> <p>Dealing with past events and feelings</p> <p>Not being kind to others</p>
<p>Feelings of being a failure</p> <p>Negative self-image</p> <p>Addiction as punishment</p> <p>Making myself suffer</p> <p>Self-harm</p> <p>Being judged by others</p> <p>Dealing with problems in my own way</p> <p>Individual experience of challenges</p> <p>Decreased self-esteem</p> <p>Self-hatred</p>

Self-criticism

Self-punishment

Self-criticism

Strain on family members

Hurting family members

Self-doubt

Nothing in life

No respect for myself

Bottles up feelings

Initial self-hatred

Struggle to comfort others

Challenging to treat myself with kindness

Self-affirmation

Comfortable with myself

Working on yourself

Build yourself first

Begin with yourself

Self-help first

Liking myself

Self-compassion before others

Focus on the individual first

Self-compassion starts with yourself

Self-kindness comes easily

Acknowledges self-compassion as good helpful

Enjoy being myself

Persevering despite challenges

My problems are significant

Self-kindness is treating yourself

Spoiling yourself

Self-kindness

Acknowledge myself

Self-compassion is being passionate about what you do

My moment

Putting myself first

Feeling special

Unique

Initial shyness
Renewed motivation
Self-assurance
Self-confidence
Enjoys a challenge
Reclaiming self-confidence
Unique self
Positive self-image
Shift in experience of speaking in front of others
First time speaking in a group
Group becomes confident
Individual leadership skills
Individual's voice
Strong playing
Comfortable playing
Variation in group's music
Leading the group
Comfortable in the music
Group's voice emerges
Contributing to the music
Forward motion in the music
Feeling safe to explore
Confidence in the music
Hold your own
Autonomy
Willingness to engage
Accented playing
Increased confidence
Free to explore
Exploring in the music
Familiarity in the music
Personal affirmations
Confident to lead
Confident loud singing
Encouraging comments (giving & receiving)
Increased self-esteem

Group focuses on individual
Familiar with group experience
Comfortable being around others
Easy to be with others
Contact with others
Social interaction
Sharing
Gratitude towards therapist
Grateful for the opportunity
Building relationships in the group
Group is like a family
Sense of belonging
Group cohesion
Group member encourages the group
Negotiation
Verbal interactions
Working together
Playing together
Togetherness in the music
Therapist makes mistake
Joint ownership of the music
Sense of togetherness
Mutual enjoyment
Increased group awareness
Mutuality and reciprocity in the music
Connected in the music
Roles emerge within the group
Maintaining joint ownership of the music
Group members join in
Increased awareness of each other
Increased rapport
Group agrees
Interacting with therapist
Various roles in the music
Increased continuity in the music
Singing together

Ending together
Listening to each other
Group involvement
Teamwork
Unity
Sense of mutuality
Acknowledge shared experience
Trust beginning to foster
Trust amongst each other
Group acknowledges the individual
Acceptance and acknowledgement of individual's voice in the group
Fostering interpersonal relationships
Creating together
Interpersonal connection
Shared experience
Awareness of others
Interpersonal relationships
Client-therapist relationship
Therapist as helper
Supported by the therapist
Affirmed by the therapist
Validation by the therapist
Imitation by therapist
Trusting the therapist
Following the therapist
Subtle facilitation by therapist
Being supported by the group
Therapist supports
Therapist provides grounding in music
Sense of genuineness
Humanness within the interaction
Therapist demonstrates
Therapist holds back
Therapist is grateful
Therapist as facilitator
Encouragement for the day and week

Encouragement by the therapist

Group supports music

Encourage each other

Everyone joins in

Complimenting each other's playing

Enjoys making music with group

Enjoys being around others

Enjoys music

Enjoys being at music therapy

Glad to be at music therapy

Positive experience in sessions

Special experience

Positive music-making experience

Positive music therapy experience

Uplifting experience

Enjoyable music making experience

Awesome group experience

Positive emotional response

Positive feeling

Content

Feeling great

Feeling calm

Feeling collected

Being focused

Anticipation for the next session

Grateful for the sessions

Heart blooms

Feeling happy

Positive emotional experience

Being fully present

Good session

Opportunity to be fully present with oneself and others

Holistic experience in therapy

Becoming involved in the music

Accented playing on the drums

Music becomes coherent

Peak in energy
Intricate rhythms on the drum
Livelier music
Movement in the music
Music climaxes
Stronger pulse
Percussion increases energy
Music regains flow
Flow maintained
Naturally follow the music
Increased intensity
Building intensity
Steady pulse
Music reconciles
Intensity in the music
Playful atmosphere
Music as a distraction
Increased energy
Smiling
Laughing and smiling
Enjoyment in the shared experience
Cheering
Excitement
Engaged
Playfulness
Experience happiness
Emotional expression
Feeling much better
Music as an escape
Enjoyment
Enjoyable experience
Loss of words
Indescribable positive experience

Initially stressed
Expressed openness
Sense of relief

Usually sad and aggressive, but feeling free

Self-contentment

At ease

No negativity

Relaxing experience

Feeling free

Inner bodily experience

Catharsis

Relaxed swaying

Music flows

Bodily awareness

Music as an escape

Emotional release

Stress release

Imagery

Expressive moment

Expressing feelings

Reminiscing in the musical experience

Emotional response to lyrics

Lyrics resonate with group

Opportunity for self-expression

Connecting music with emotion

Increased emotional response

New musical ideas

Creativity

Shift in mood in the music

Emotional expression on the drum

Expressing frustration

Increased intensity on the drums

Free improvisational playing

Variation in the music

Invested in emotional experience

Increased emotional expression

Emotional awareness

Boredom

Decreased focus

Music becomes disorganized

Music fragments

Decrease in interest

Repetitive playing

Uncomfortable with the fragmentation

One-sided contact

Uncertainty

Shyness

Wary of group

Wary of the unknown

Difficult to speak in front of others

Initial limit to open-mindedness

Music is fragmented

Uncertainty in the music

Confusion

Wary to play together

Tentative playing

Wary of new experience

Unfamiliarity

Intimidating experience

Positive shift in emotion

Shift in emotional expressivity

Shift in feeling after the session

Shift in emotion

Decrease in feelings of sadness

Decrease in negative thoughts

Feeling sad (initially)

Shift in feeling

Feeling like a different person

Shift in self-criticism

Shift in self-punishment

Shift in daily behaviour

Discovering things about myself

Learning about oneself

Self-compassion transfers to your family

Being open-minded

Shift in perspective in therapy
Benefits of being open-minded
Discovery of self-compassion
Getting along with family members
Improved interpersonal relationships
Self-compassion as a new concept
Transfer what I learnt into daily life
Awareness of behaviour
Shift in perspective
Shift in home environment

Appendix: L- Complete list of emergent and superordinate themes

KEY

Data resource	Colour
Semi-structured interviews	Yellow
Audio-recording using thick descriptions	Green
Both data resources	Blue

A1 Dealing with challenges
<p>Mindful of challenges</p> <p>Sometimes feeling alone in the struggle</p> <p>Others also have struggles</p> <p>Others have worse challenges</p> <p>Learning from other people's challenges</p> <p>Acknowledge challenges in life</p> <p>Acknowledgement of other people's challenges</p> <p>Shared struggles</p> <p>Relating to other people's challenges</p> <p>Experienced many challenges</p> <p>Awareness of other people's pain</p> <p>Explore challenges</p> <p>Dealing with past events and feelings</p> <p>Not being kind to others</p>
A2 Negative self-image
<p>Feelings of being a failure</p> <p>Negative self-image</p> <p>Addiction as punishment</p> <p>Making myself suffer</p> <p>Self-harm</p> <p>Being judged by others</p> <p>Dealing with problems in my own way</p> <p>Individual experience of challenges</p> <p>Decreased self-esteem</p>

Self-hatred
Self-criticism
Self-punishment
Self-criticism
Strain on family members
Hurting family members
Self-doubt
Nothing in life
No respect for myself
Bottles up feelings
Initial self-hatred
Struggle to comfort others
Challenging to treat myself with kindness

A3 Affirming self

Self-affirmation
Comfortable with myself
Working on yourself
Build yourself first
Begin with yourself
Self-help first
Liking myself
Self-compassion before others
Focus on the individual first
Self-compassion starts with yourself
Self-kindness comes easily
Acknowledges self-compassion as good helpful
Enjoy being myself
Persevering despite challenges
My problems are significant
Self-kindness is treating yourself
Spoiling yourself
Self-kindness
Acknowledge myself
Self-compassion is being passionate about what you do
My moment
Putting myself first

B1 Self-confidence in music therapy

Feeling special

Unique

Initial shyness

Renewed motivation

Self-assurance

Self-confidence

Enjoys a challenge

Reclaiming self-confidence

Unique self

Positive self-image

Shift in experience of speaking in front of others

First time speaking in a group

Group becomes confident

Individual leadership skills

Individual's voice

Strong playing

Comfortable playing

Variation in group's music

Leading the group

Comfortable in the music

Group's voice emerges

Contributing to the music

Forward motion in the music

Feeling safe to explore

Confidence in the music

Hold your own

Autonomy

Willingness to engage

Accented playing

Increased confidence

Free to explore

Exploring in the music

Familiarity in the music

Personal affirmations

Confident to lead

Confident loud singing

Encouraging comments (giving & receiving)

Increased self-esteem

B2 Emotional exploration and expression in music therapy

Imagery

Expressive moment

Expressing feelings

Reminiscing in the musical experience

Emotional response to lyrics

Lyrics resonate with group

Opportunity for self-expression

Connecting music with emotion

Increased emotional response

New musical ideas

Creativity

Shift in mood in the music

Emotional expression on the drum

Expressing frustration

Increased intensity on the drums

Free improvisational playing

Variation in the music

Invested in emotional experience

Increased emotional expression

Emotional awareness

B3 Interpersonal connection in music therapy

Group focuses on individual

Familiar with group experience

Comfortable being around others

Easy to be with others

Contact with others

Social interaction

Sharing

Gratitude towards therapist

Grateful for the opportunity

Building relationships in the group

Group is like a family

Sense of belonging
Group cohesion
Group member encourages the group
Negotiation
Verbal interactions
Working together
Playing together
Togetherness in the music
Therapist makes mistake
Joint ownership of the music
Sense of togetherness
Mutual enjoyment
Increased group awareness
Mutuality and reciprocity in the music
Connected in the music
Roles emerge within the group
Maintaining joint ownership of the music
Group members join in
Increased awareness of each other
Increased rapport
Group agrees
Interacting with therapist
Various roles in the music
Increased continuity in the music
Singing together
Ending together
Listening to each other
Group involvement
Teamwork
Unity
Sense of mutuality
Acknowledge shared experience
Trust beginning to foster
Trust amongst each other
Group acknowledges the individual
Acceptance and acknowledgement of individual's voice in the group

<p>Fostering interpersonal relationships</p> <p>Creating together</p> <p>Interpersonal connection</p> <p>Shared experience</p> <p>Awareness of others</p> <p>Interpersonal relationships</p> <p>Client-therapist relationship</p>
<p>B4 Supportive role of music therapy</p>
<p>Therapist as helper</p> <p>Supported by the therapist</p> <p>Affirmed by the therapist</p> <p>Validation by the therapist</p> <p>Imitation by therapist</p> <p>Trusting the therapist</p> <p>Following the therapist</p> <p>Subtle facilitation by therapist</p> <p>Being supported by the group</p> <p>Therapist supports</p> <p>Therapist provides grounding in music</p> <p>Sense of genuineness</p> <p>Humanness within the interaction</p> <p>Therapist demonstrates</p> <p>Therapist holds back</p> <p>Therapist is grateful</p> <p>Therapist as facilitator</p>
<p>B5 Encouragement</p>
<p>Encouragement for the day and week</p> <p>Encouragement by the therapist</p> <p>Group supports music</p> <p>Encourage each other</p> <p>Everyone joins in</p> <p>Complimenting each other's playing</p>
<p>B6 Stress relief</p>
<p>Initially stressed</p> <p>Expressed openness</p> <p>Sense of relief</p>

Usually sad and aggressive, but feeling free

Self-contentment

At ease

No negativity

Relaxing experience

Feeling free

Inner bodily experience

Catharsis

Relaxed swaying

Music flows

Bodily awareness

Music as an escape

Emotional release

Stress release

B7 Enjoyment and vitality in music therapy

Enjoys making music with group

Enjoys being around others

Enjoys music

Enjoys being at music therapy

Glad to be at music therapy

Positive experience in sessions

Special experience

Positive music-making experience

Positive music therapy experience

Uplifting experience

Enjoyable music making experience

Awesome group experience

Positive emotional response

Positive feeling

Content

Feeling great

Feeling calm

Feeling collected

Being focused

Anticipation for the next session

Grateful for the sessions

Heart blooms
Feeling happy
Positive emotional experience
Being fully present
Good session
Opportunity to be fully present with oneself and others
Holistic experience in therapy
Becoming involved in the music
Accented playing on the drums
Music becomes coherent
Peak in energy
Intricate rhythms on the drum
Livelier music
Movement in the music
Music climaxes
Stronger pulse
Percussion increases energy
Music regains flow
Flow maintained
Naturally follow the music
Increased intensity
Building intensity
Steady pulse
Music reconciles
Intensity in the music
Playful atmosphere
Music as a distraction
Increased energy
Smiling
Laughing and smiling
Enjoyment in the shared experience
Cheering
Excitement
Engaged
Playfulness
Experience happiness

<p>Emotional expression</p> <p>Feeling much better</p> <p>Music as an escape</p> <p>Enjoyment</p> <p>Enjoyable experience</p> <p>Loss of words</p> <p>Indescribable positive experience</p>
<p>B8 Boredom</p>
<p>Boredom</p> <p>Decreased focus</p> <p>Music becomes disorganized</p> <p>Music fragments</p> <p>Decrease in interest</p> <p>Repetitive playing</p> <p>Uncomfortable with the fragmentation</p>
<p>B9 Initial wariness</p>
<p>One-sided contact</p> <p>Uncertainty</p> <p>Shyness</p> <p>Wary of group</p> <p>Wary of the unknown</p> <p>Difficult to speak in front of others</p> <p>Initial limit to open-mindedness</p> <p>Music is fragmented</p> <p>Uncertainty in the music</p> <p>Confusion</p> <p>Wary to play together</p> <p>Tentative playing</p> <p>Wary of new experience</p> <p>Unfamiliarity</p> <p>Intimidating experience</p>
<p>C1 Transformation of emotional state</p>
<p>Positive shift in emotion</p> <p>Shift in emotional expressivity</p> <p>Shift in feeling after the session</p> <p>Shift in emotion</p>

Decrease in feelings of sadness

Decrease in negative thoughts

Feeling sad (initially)

Shift in feeling

C2 Transformation of self

Feeling like a different person

Shift in self-criticism

Shift in self-punishment

Shift in daily behaviour

Discovering things about myself

Learning about oneself

C3 Transformation of perspectives

Self-compassion transfers to your family

Being open-minded

Shift in perspective in therapy

Benefits of being open-minded

Discovery of self-compassion

Getting along with family members

Improved interpersonal relationships

Self-compassion as a new concept

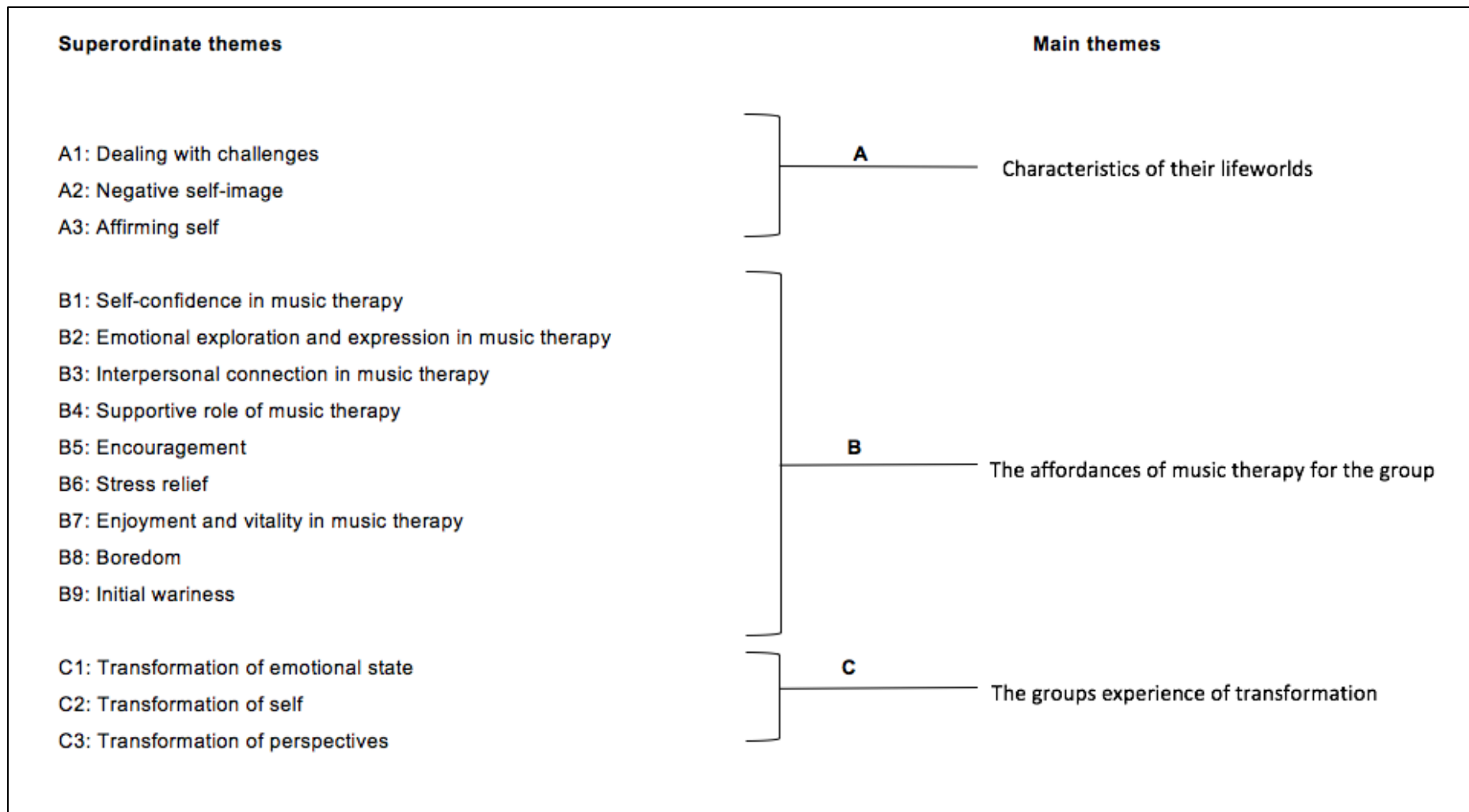
Transfer what I learnt into daily life

Awareness of behaviour

Shift in perspective

Shift in home environment

Appendix: M- Superordinate themes and main theme



Appendix: N- Song written by the group in session 2

Activity

The group was asked to write a verse to a pre-composed song namely, 'Where is the love' by the Black-eyed Peas (2003). I asked the group to write something that they would like to say to the people who have hurt them. The group wrote the following verse collectively:

I'm a survivor, I'm a forgiver
Only God can judge me
So please stop with your backstabbing.

Your mother don't want you
So I can beat you up
She won't even care what's happening to you

Get a life or go fly a kite
Or I will stand up and fight
There won't even be a worry, cause you'll be the one who's sorry