

Group Music Therapy as an intervention for the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital

by

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KEYWORDS

Agency Negative Symptoms

Empowerment Emotional Withdrawal

Nurturing Blunted Affect Cohesive Musicing Poor rapport

Motivation Passive/apathetic social

Flexibility withdrawal

Group Music Therapy Difficulty in abstract

Music Therapy thinking

Schizophrenia Stereotyped thinking

ABSTRACT

A mixed-methods approach was utilised in order to explore the impact of group Music Therapy on the negative symptoms of forensic clients with schizophrenia. Eight participants were involved in this exploratory study at Valkenberg hospital in the Western Cape, South Africa. The Music Therapy intervention consisted of eight sessions over a period of six weeks. Qualitative data were collected through video footage, with three excerpts being selected for thick descriptions to be written and, subsequent to the process of therapy, eight semi-structured interviews were conducted with the participants. Quantitative data were generated by structured interviews with the eight participants individually using the PANNS test both before and after the music therapy process. Qualitative data were analysed using thematic analysis, while the quantitative data were presented through descriptive statistical analysis, and a paired sample t-test was conducted. Findings suggest that group Music Therapy affords forensic adult clients in a psychiatric hospital who are diagnosed with schizophrenia benefits in relation to their negative symptoms. The themes that emerged through thematic analysis were 'Holding', 'Positive Experiences of Music Therapy', 'Togetherness', 'Activation', 'Flexibility' and 'Inflexibility'. The quantitative data shows an overall improvement in the negative symptoms. A paired sample t-test calculates this improvement as too small to be statistically significant. However, the overall improvement shown in the quantitative data suggests the possibility that the group Music Therapy intervention may have effected a gradual positive shift over time and this requires further research. Although participants still displayed negative symptoms in their daily life in the ward, music therapy offered an environment in which well-being could be experienced and expressed.



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I dedicate this research to my family, with great love and gratitude



"We must not omit to cultivate this interest in very little things. The ear lobe, the paring of a fingernail, a single human hair, should be every bit as interesting for us as saturn, sun and moon"

— Steiner in Ansdell & Pavlicevic, 2010:133 —



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1. Introduction

1.1 Background and context

My interest in the topic of the negative symptoms of schizophrenia was sparked by learning of the challenges health professionals face in treating them, especially considering the poorer outcome generally associated with these symptoms (Breier, Schreiber, Dyer & Pickar, 1991:239; Dyck, Short, Hendryx, Norell, Myers, Patterson & McFarlane, 2000:518). The germination of my interest lay in an informal discussion I had with Dr Marc Roffey of Valkenberg Hospital on this topic and I began to formulate an approach to researching it.

The negative symptoms of schizophrenia refer to a collection of indications that are "characterised by the absence of normal levels of activation, initiative, and affect" (Winograd-Gurvich, Fitzgerald, Georgiou-Karistianis, Bradshaw & White, 2006:312). The negative symptoms are blunted affect, emotional withdrawal, poor rapport, passive/apathetic social withdrawal, difficulty in abstract thinking, lack of spontaneity and stereotyped thinking (Kay, Flszbeln & Opler, 1987:261). According to Buchanan (2007:1107), not only does current psychopharmacological treatment for negative symptoms have limited beneficial effects, it is also lacking in symptom specificity. Negative symptoms present a challenge for speech-based therapies as aphasia, or non-verbalism, is often prevalent.

Music therapy, in general, has had a positive impact on clients with schizophrenia as has been indicated in numerous studies. Some examples of this research include studies by Gold (2007), Gold, Dahle, Heldal and Wigram (2006), Grocke, Bloch, Castle, Thompson, Newton, Stewart and Gold (2013), Hannibal, Pedersen, Hestbæk, Sørensen and Munk-Jørgensen (2012), Kwon, Gang and Oh (2013), Lu, Lo, Sung, Hsieh, Yu and Chang (2013), Mohammadi, Minhas, Haidari and Panah (2014), and Pavlicevic, Trevarthen and Duncan (1994). However, the negative symptoms of schizophrenia in particular have not been the subject of much attention in Music Therapy research. Music therapy may be appropriate for treating the negative symptoms because it is not dependent on spoken communication, encourages activity and can be a motivational tool (Mössler, Chen, Heldal & Gold, 2011:6-7). The current study took place at Valkenberg Hospital, a state run forensic and acute psychiatric hospital in the Western Cape province of South Africa. The forensic psychiatry unit at Valkenberg Hospital is responsible for the assessment of defendants referred by the courts, as well as facilitating the rehabilitation of offenders diagnosed with mental illness. I have run a group Music Therapy program for eight forensic clients diagnosed with schizophrenia and presenting with negative symptoms. The program consisted of eight



sessions; either one or two session per week for six weeks. The use of Music Therapy in the current study was complementary to standard pharmacological intervention.

1.2 Aim

The aim of this exploratory research was to investigate how group Music Therapy may influence the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital.

1.3 Research questions

The main research question was, therefore, as follows:

How can forensic adult clients in a psychiatric hospital who are diagnosed with schizophrenia benefit from group Music Therapy sessions in relation to their negative symptoms?

The sub-questions guiding this research indicate the focus on the types of negative symptoms that have been investigated:

- **1.** How can group Music Therapy sessions contribute as an intervention for emotional withdrawal and blunted affect in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **2.** How can group Music Therapy sessions contribute as an intervention for relational withdrawal and conversational flow in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **3.** How can group Music Therapy sessions contribute as an intervention for difficulties in abstract thinking and stereotyped thinking in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **4.** How can group Music Therapy sessions contribute as an intervention for anhedonia in forensic clients in a psychiatric hospital diagnosed with schizophrenia?

1.4 Outline of the dissertation

In this dissertation I will begin by reviewing the literature pertaining to the use of Music Therapy for clients with schizophrenia, and this is presented in chapter two. Furthermore gaps in the literature relating to the current study are identified in this chapter. In chapter three the methodology of the current study will be discussed, incorporating deliberations on the research paradigm, design, and sample. Further to this the data collection and preparation are considered. The chapter closes with discussions pertaining to research quality and ethical considerations.



Chapter four outlines the data analysis, first discussing in more detail the data collection and preparation according to both the qualitative and quantitative sources. The qualitative and quantitative data analysis are separately considered, prior to a discussion on their integration.

In chapter five the discussion outlines the integration of the qualitative themes with the quantitative analysis of the negative symptoms. Finally the role of Music Therapy as an intervention for the negative symptoms of schizophrenia is deliberated.

Chapter six discusses the summary of findings, mentions limitations of the study and makes recommendations for further research. This concluding chapter ends with some final thoughts on the benefits afforded by group Music Therapy, for the participants of the current study.



2. Literature review

This review will explore literature surrounding the use of Music Therapy for clients with schizophrenia. Included in this section is an examination of the current methods of treatment. Gaps are noted in the literature dealing with the impact of Music Therapy on the negative symptoms, on Music Therapy with forensic clients in psychiatric hospitals, and on group Music Therapy for schizophrenia in the South African context.

2.1 Schizophrenia

Schizophrenia is a long-term mental illness that impacts on intellectual, emotional and behavioural areas of functioning (Andreasen, 2000:106). The interrelationship of these activities is seen to splinter and become abnormal and dysfunctional. Schizophrenia is commonly considered a heterogeneous illness because it consists of a complex of disorders with contrasting symptomatology (Tsuang, Lyons & Faraone, 1990:17). The diagnosis and treatment of schizophrenia has a long history going back over a century to the pioneering work of Bleuler (1911) and Kraepelin (1896). Although originally termed Dementia Praecox by Kraepelin (1896), the disorder became known as schizophrenia (Bleuler, 1911) as this term more accurately describes a complex of mental disorders all of which constitute a disconnection or splitting of the psychic functions. In 1911 Bleuler wrote

I call *dementia praecox* schizophrenia because, as I hope to show, the splitting of the different psychic functions is one of its most important features. In each case there is a more or less clear splitting of the psychological functions: as the disease becomes distinct, the personality loses its unity (in Kuhn, 2004:361-366).

The age of onset of schizophrenia is usually late adolescence or early adulthood and is associated with genetic and environmental risk factors (Picchioni & Murray, 2007:95). According to Kay et al. (1987:261), the heterogeneous nature of the illness lead early researchers to attempt to break schizophrenia down into related groups of symptoms in order to more accurately examine and treat specific aspects of the disorder. The principle categories that emerged constitute a dichotomy of complexes known as the positive and negative symptoms of schizophrenia (Buchanan, 2007:1013; Strauss, Carpenter & Bartko, 1974:69).



2.1.1 Positive symptoms

According to Picchioni and Murray (2007:92), the positive symptoms are indicative of superimposed actions or thoughts, where psychotic behaviours are noticeable by their presence. In other words any diagnosed abnormality is characterised by the overt presence of symptoms (Fletcher & Frith, 2008:48). The Positive and Negative Syndrome Scale or PANNS is a widely employed and generally accepted psychiatric instrument for measuring the positive, negative and global psychopathology of schizophrenia (Blanchard and Cohen, 2006:238). PANNS (Kay et al., 1987:261) lists the positive symptoms as:

- Delusions: a set of idiosyncratic, inflexible false beliefs
- Conceptual Disorganisation: erratic thought processes, often manifesting through the incoherent or illogical use of language. "Knight's move" thinking is prevalent, where thought processes abruptly veer off or are appended with no forthcoming logic.
- Hallucinatory Behaviour: somatic, olfactory, and visual realm delirium. The most common hallucination is auditory (often 'hearing voices').
- Excitement: hyperactive behaviour including exaggerated responsiveness, hypervigilance and accelerated movement.
- Grandiosity: conviction of superiority and heightened self-opinion. Common themes include wealth, ability, knowledge, power and religiosity.
- Suspiciousness/Persecution: often following, but not restricted to, themes of distrust, personal persecution, or belief in a controlling external authority.
- Hostility: anger and resentment expressed as sarcasm, passive aggressive behaviour, verbal or physical abuse.

2.1.2 Negative symptoms

According to the PANSS scoring criteria (Kay et al., 1987:265-267), the negative symptoms of schizophrenia illustrate a withdrawal or absence of functions usually seen in a healthy person. The introduction of the concept of negative symptoms in schizophrenia is attributed to Kraepelin (1919) and Bleuler (1911), both identifying avolition (lack of drive or motivation) as a central factor in the course and phenomenology of the illness, especially with regard to the functionality of the patient (Foussias & Remington, 2010:359). On the whole, negative symptoms are commonly viewed as one of the most debilitating aspects of schizophrenia, often outweighing the gains of effective treatment of the positive symptoms (Breier,



Schreiber, Dyer & Pickar, 1991:239). Dyck, Short, Hendryx, Norell, Myers, Patterson and McFarlane (2000:518) similarly suggest that the impact of negative symptoms is considerable because of the recognised correlation with a poorer prognosis, a higher rate of relapse and a significant effect on quality of life. The negative symptoms include:

- Blunted Affect: a dearth of emotional expression. Verbal inflection is often monotonous and expressive gestures or animations are absent or minimal.
- Emotional Withdrawal: lack of interest in, emotional attachment to, and engagement with, the proceedings of daily life.
- Poor Rapport: difficulty in creating interpersonal relationships, evidenced by diminished communication and a lack of social interactivity.
- Passive/Apathetic Social Withdrawal: passivity, apathy, anergy (prominent fatigue and/ or psychomotor retardation) and avolition leads to reduced social interaction and disregard for the activities of daily living.
- Difficulty In Abstract Thinking: unable to make use of conceptual or generalised thinking.
- Lack of Spontaneity and Flow of Conversation: apathy, avolition, defensiveness or cognitive deficit lead to the lack of fluidity and taking initiative in verbal interaction.
- Stereotyped Thinking: Diminished cognitive fluidity of thought.
- Anhedonia refers to the inability to feel or take pleasure in any of the usually enjoyable aspects of life. Alogia refers to poverty of speech. Though these specific symptoms are not part of the PANSS scoring criteria it is discussed in much of the negative symptom-related literature reviewed, for instance in studies by Blanchard and Cohen (2006:238), Buchanan (2007:1019), and Foussias and Remington (2010:360).

As the PANSS test is the instrument used in this study it is worth a brief critique through the lens of a critical literature review. The study by Kay et al. (1987:271) provided the debut for, and demonstrated the robustness of, the PANSS test and has been cited almost 1000 times. PANNS relies on individual rather than team assessors, and so raises the question of bias due to personal preconceptions. There were some safeguards against bias in the study, such as the participation of two independent psychiatrists, their lack of knowledge of PANSS scores when collecting data, and the fact that different studies involving different raters



demonstrated various aspects of validation. The scoring criteria for PANSS mentions that a 'holistic perspective' must be utilised in rating a patient's anchoring point, which elicits questions as to the extent of objectivity possible. The anchoring point is determined by the functioning of the patient according to incremental levels of symptom severity.

The fact that a prerequisite condition for administering a PANSS test is a personal interview, posits the notion that a speech-centred approach for testing may not always be the best arena within which to conduct measurements on some of the symptoms (for example alogia, the poverty of speech).

There are also items listed which require the input of primary care-givers, family and hospital staff. The input of family is taken into account in diagnosing the negative symptoms (Thorup, Petersen, Jeppesen, Øhlenschlæger, Christensen, Krarup & Nordentoft, 2005:95-96). This is because the negative symptoms are often less visible than psychotic symptoms, so family members, optimally positioned to notice subtleties of behaviour, commonly report changes in energy, withdrawal from social aspects of life and a lessening of engagement in the world.

A distinction can be made between primary and secondary negative symptoms because the literature indicates dissimilar antipsychotic efficacy, as well as contrasting aetiologies (Buchanan, 2007:107; Leucht, Arbter, Engel, Kissling & Davis, 2008:430; Murphy et al., 2006:5). Primary negative symptoms comprise a fundamental component of schizophrenia itself and are usually enduring, while secondary symptoms are transient and may be attributed to, for example, the side effects of antipsychotic medication, the social isolation experienced by people with schizophrenia, or un-alleviated positive symptoms (Möller, 2007:381).

As this study examines a complementary treatment modality for the negative symptoms of schizophrenia it is helpful to contextualise this within a discussion of the existing treatments that are employed. The following section will, therefore, review pharmacological and psychological interventions currently in use.

2.2 Pharmacological interventions

Improved functioning, symptom control and a higher quality of life is possible through pharmacological intervention (Drake, Green, Mueser & Goldman, 2003:428). However, there is no definitive or curative pharmacological treatment for schizophrenia (Drake, et al., 2003:428).



2.2.1 Pharmacological interventions in the treatment of primary negative symptoms

According to a comprehensive review of studies on the pharmacological treatment for the primary negative symptoms conducted by Murphy et al. (2006:5), Amisulpride is the most exhaustively studied drug. However, Murphy et al. (2006:5) conclude that the evidence suggests that Amisulpride has, at best, a modest impact compared to placebo. Studies by Winograd-Gurvich et al. (2006:313), Rummel, Kissling and Leucht (2005:86) and Möller (2007:380) reinforce the general consensus in the literature that the primary negative symptoms of schizophrenia are less responsive to medication than the positive symptoms, and that more research is needed to find effective medication. Notwithstanding how dominant primary negative symptoms are in determining the functional recovery of people with schizophrenia, no drug has received approval for the specific indication of negative symptoms by the United States Food and Drug Administration (FDA), and that existing first and second-generation antipsychotic medication has not proven particularly effective (Kirkpatrick et al., 2006:214). Murphy et al. (2006:17) go so far as to state "the current evidence-base is so flimsy that it hardly seems worth-while making recommendations for the treatment of primary negative symptoms."

In order to try and address problems in treating the negative symptoms, The NIMH (National Institute for Mental Health, United States) initiated a process to find a new possible progressive care model called the NIMH-MATRICS (Measurement and Treatment Research to Improve Cognition in Schizophrenia) (Kirkpatrick et al. 2006:214-219). The project recognises the limitations of current approaches to understanding and treating the negative symptoms. The NIMH-MATRICS consensus statement recommends further exploration in the development of drugs for negative symptoms as historically, the main areas of development have occurred for the treatment of positive symptoms. The NIMH continues to support the current processes of instrument development and drug identification in the United States of America.

2.2.2 Pharmacological interventions in the treatment of secondary negative symptoms

Secondary negative symptoms can be difficult to identify for treatment as they can escalate or subside due to separate non-schizophrenic causative determinants, and also because they may be superimposed on prevailing chronic primary negative symptoms (Möller, 2007:381). Initially primary negative symptoms may also be obscured by positive symptoms, especially during acute psychotic episodes (Möller, 2007:381-382). As the positive symptoms become controlled through treatment, the primary negative symptoms are more prominently



exposed. Concurrently, the secondary negative symptoms may be actuated by the treatment side effects, or other causative elements, making the distinction between primary and secondary symptoms prone to inaccuracy. In addition to this it is challenging to determine whether the negative symptoms are meliorated through the antipsychotic drug itself, or through the improvement that the drug effects on the dysphoria and psychotic symptoms (the presence of which usually exacerbate the negative symptoms) (King, 1998:33; Kirkpatrick et al., 2006:216).

According to Rummel et al. (2005:86), the generally disappointing effectiveness of pharmacological treatment for negative symptoms has lead to the augmentation of antipsychotics with antidepressants. There has been limited success using this strategy, one concern being the extra burden of side effects, but further research is nonetheless recommended. Murphy et al. (2006:18) recommend the use of low-dose amisulpride as a possibility for treating secondary negative symptoms concurrently with primary negative symptoms. Leucht, Pitschel-Walz, Abraham and Kissling (1999:64) suggest that extrapyramidal side effects, caused by incorrect dosage or unusual reaction to antipsychotics, will cause, exacerbate or mimic secondary negative symptoms. Extrapyramidal means relating to or denoting motor nerves that descend from the cortex to the spine. The side effects referred to include bradykinesia (slowness of movement) and akinesia (loss of ability to move, or move voluntarily). According to Abraham and Kissing (1999:64), secondary negative symptoms can be better managed by adjusting the dosage or type of antipsychotic medication.

2.3 Psychosocial interventions in the treatment of schizophrenia

In general there is widespread support for the utilisation of various psychological and psychosocial interventions in addition to psychopharmacological treatment, as mentioned in research by Pichioni and Murray (2007:94), Pfammatter, Junghan and Brenner (2006:74), and Bustillo, Lauriello, Horan and Keith (2001:172-173). Music therapy is also considered a psychosocial intervention. According to Pfammatter et al. (2006:64), social skills training, cognitive remediation, psychoeducational family coping-oriented interventions, and cognitive behavioural therapy come to the fore as some of the more common adjuncts to conventional pharmacotherapy. Social skills training assists in the development of social skills and personal grooming, cognitive remediation improves cognitive functioning temporarily, coping-oriented interventions lessen relapses and hospitalisation rates, and cognitive behavioural therapy contributes to the reduction of positive symptoms (Pfammatter et al., 2006:64).



Pilling, Bebbington, Kuipers, Garety, Geddes, Orbach and Morgan (2002:763) conducted a meta-analysis on the growing body of evidence supporting psychological interventions, finding in particular that single (as opposed to group) family therapy had a preventative effect on psychotic relapse and medication compliance. Additionally there were positive effects on mental state following cognitive behavioural therapy.

Swarbick (2009:343) conducted a study in North America into a wellness and recovery model for psychiatric hospitals within the field of occupational therapy. This qualitative study explored the possible benefits of including spiritual, emotional, social, occupational, intellectual and environmental factors in a multi-dimensional 'wellness and recovery' approach to treating mental illness. Swarbick (2009:343) found that if clients are encouraged to be involved in the process of designing strategies for their own emotional and physical wellness, the personal responsibility and willingness necessary to re-enter their families and communities is more likely to be established. This approach, according by Swarbick (2009:343), demands a person-before-illness way of thinking in order to restore in a mentally ill individual the autonomy with which they can govern themselves and their treatment process more effectively. It seems feasible that some of the basic tenets of the study by Swarbick (2009) may be transferable to other psychological and psychosocial interventions.

2.3.1 Psychosocial interventions for negative symptoms

As a consequence of the poor response to drug treatments of the negative symptoms (Murphy et al., 2006:14), psychological and psychosocial approaches have become more widely researched. However, the literature typically does not focus specifically on the negative symptoms, but tends to explore them in detail along with the positive symptoms. One possible reason for this lack of specificity, is the difficulty in designing a study that accounts for the positive symptoms' effects on secondary negative symptoms whilst measuring the adjunctive treatment effect on the primary negative symptoms simultaneously.

As can be observed in the Cochrane Systematic Review (Cormac, Jones, Campbell & Silveira, 2002:6), and in research by Turkington, Kingdon and Weiden (2006:365-366), cognitive behavioural therapy is one of the most extensively researched therapies in the general treatment of schizophrenia. The studies by Cormac et al. (2002:6) and Turkington et al. (2006:365) both show well-supported evidence that cognitive behavioural therapy can be effective in helping to treat the positive symptoms. However, according to Cormac et al. (2002:6), the negative symptoms were not improved using this treatment. The study by Cormac et al. (2006) is included here in order to highlight that there is some debate on how effective cognitive behavioural therapy is on the negative symptoms, even though the intervention has received considerable attention.



The approach taken to treating schizophrenia by Petersen, Jeppesen, Thorup, Abel, Øhlenschlæger, Christensen and Nordentoft (2005:602) was to integrate social skills training with family intervention therapy, along with standard treatment. The results showed small but clinically relevant improvements to both psychotic and negative symptoms. Thorup et al. (2005:96) undertook a secondary analysis of the data from the above study by Petersen et al. (2005:605), and concluded that integrated treatment reduces the negative symptoms. A possible limitation of the study by Petersen et al. (2005:605) is that the positive symptoms were reduced, the alleviation of which is linked to secondary negative symptom improvement. Therefore, it is not clear if the integrated treatment had a direct effect on the negative symptoms.

Bellack and Mueser (1993:329) note that psychoeducational family therapy, where families are coached in understanding and assisting the patient, improves both the positive and negative symptoms. As the study suggests, more research is needed on the mechanism of how family therapy works, as well as the practicality of longterm treatment. Dyck, Short, Hendryx, Norell, Myers, Patterson and McFarlane (2000:513) suggest that multiple-family group interventions augment the subjective quality of life for patients with negative symptoms, and consequently most of the individual negative symptoms showed improvement. Röhricht and Priebe (2006:3) found that patients receiving body-oriented psychological therapy (BPT) showed a significant improvement to the negative symptoms as evidenced by lower PANSS scores following treatment. BPT is a non-verbal therapy that uses pressure, movement and touch to evoke emotional release.

A review of the literature shows that though psychological and psychosocial therapies affect small improvements on the negative symptoms, more research is needed with a view to increase the efficacy of treatments.

2.4 Music therapy and schizophrenia

Studies by Mohammadi et al. (2014), Mössler et al. (2011), Silverman and Rosenow (2013), and Solanki, Zafar and Rastogi (2012) concur on the beneficial possibilities of Music Therapy for schizophrenia as a complementary intervention to standard psychiatric care. The general symptoms of schizophrenia were found to be improved through the use of Music Therapy in the Cochrane Systematic Review by Mössler et al. (2011:2). In the Cochrane Systematic Review, 8 quantitative studies with a total of 418 participants were reviewed and in all cases it was concluded that Music Therapy added to standard care was superior to standard care alone. Another conclusion from the Cochrane Review (Mössler et al., 2011:23), is that active participation is imperative for Music Therapy to 'work', and though musical skills are irrelevant, a willingness to work actively with the therapist was characteristic across all 8 studies.



de l'Etoile (2002:69) conducted a study exploring how Music Therapy may influence both cognition and emotional patterns in clients with mental illness. Both the study by de l'Etoile (2002:69) and by Mössler et al. (2011:23) found that cognitive and behavioural changes were affected positively through Music Therapy, though further research is recommended to investigate long-term effects. Mössler et al. (2011:23) also mention that Music Therapy improves the global state of clients with schizophrenia if there is a sufficient number of therapy sessions and if the sessions are of a high enough quality. In contrast with the findings of the Cochrane Systematic Review (Mössler et al., 2011) regarding the number of sessions, earlier research conducted by Goldberg, McNiel and Binder (1988:154) found that group Music Therapy offered on a short-term basis to inpatients with schizophrenia resulted in statistically significant benefits, such as the instillation of hope and social cohesiveness. It may be possible that the Music Therapy sessions were of such an exceptionally high standard, that the limited number of sessions did not negatively affect the outcome. Also the Cochrane Systematic Review suggests statistical trends, allowing for other findings that may be contradictory. The findings of the Goldberg et al. (1988) research inform the present study as it suggests Music Therapy may be effective in a group setting, even if the duration of the intervention is short-term.

In a study by Pavlicevic et al. (1994:86) individual Music Therapy sessions resulted in an improvement of clients' positive and negative symptoms as well as an increase in their level and quality of musical interactions with the therapist. According to Pavlicevic et al. (1994:101-102) the level of musical interaction is relevant because it is measured in part by reciprocity, listening carefully to another, and taking initiative. The absence of these features correlate with some of the negative symptoms of schizophrenia. The study also introduces a new instrument for assessing how a person with schizophrenia engages with Music Therapy: the MIR(S) or Music Interaction Rating (Schizophrenia) scale (Pavlicevic et al., 1994:91-92). The scale consists of 9 levels, with a score of 1 to 9 being given at the beginning of each time period, with a session being divided equally into 10 units of time. In this way the musical interactions could be recorded over the course of a session and a graph could be drawn to a resolution of 10, depicting the musical interactions over time. The MIR(S) scale may not be as useful in a group Music Therapy setting as it does not take into account group dynamics, and is primarily designed for a one on one Music Therapy intervention.

Gold et al. (2013:328-329) conducted a study on the effectivity of resource-oriented Music Therapy on clients with non-organic mental disorders, such as schizophrenia. Resource-oriented Music Therapy aims to develop skills (musical and social), nurture latent or apparent strengths, and facilitate the achievement of client-specified goals (Rolvsjord, 2010:9). In addition to increased social interaction outside of therapy, there was also an increase in motivation to attend, and greater interaction within Music Therapy sessions. The population was defined previously as having low motivation for therapeutic intervention. The study also



finds that resource-based Music Therapy is an effective intervention for this population, and recommends further research in head-to-head treatments, for instance pharmacological treatments versus Music Therapy. Rolvsjord (2004:101-102) found that Music Therapy was an appropriate means to facilitate the empowerment of clients in a mental health practice scenario. The article was careful to advance the idea that empowerment that does not come at the expense of disempowerment to another party. The increase in motivation, sociability and interaction through Music Therapy intervention (Gold et al., 2013:329) is of interest to the current study as the absence of these qualities is related to the negative symptoms of schizophrenia.

Perhaps one of the more noticeable trends in the quantitative studies of Music Therapy and schizophrenia is the diverse approaches to measurement and the range of instruments used, as evidenced in research by l'Etoile (2002) and Gold et al. (2013). The study by de l'Etoile (2002:71-73) utilised three different self-report measurement instruments: the Symptom checklist-90 revised (SCL-90_R) test; an original curative factor questionnaire; and an attitudinal measurement scale. Changes to psychiatric symptomatology were recorded using the SCL-90-R, which is a ninety item self-report. Looking at the SCL-90_R test, though it has the reputation for being robust with regard to consistency and reliability, it appears only suitable for people with schizophrenia that are reasonably educated in reading and writing, and are not diagnosed with debilitating levels of negative symptoms. Avolition can be characterised by not being able to do something whether by your own will to do or at the bidding of another, so completing a self-test under the mentioned conditions seems impractical. Many of the patients at Valkenberg psychiatric hospital are unable to read or write sufficiently to undertake this kind of test. Coupled with the concentration on negative symptoms, self-test solutions are not a feasible option. According to de l'Etoile (2002:69) Music Therapy has been shown to influence cognition and feeling patterns in people, which is especially important if long-term behavioural changes are to occur. This feature of Music Therapy may be vital for patients with the negative symptoms of schizophrenia to achieve improvements. The Gold et al. (2013) study used a different set of instruments, such as the brief symptom inventory 18 (BSI-18), the global assessment of functioning scale (GAF) and the clinical global impressions scale (CGI-C), further demonstrating the wide range of instruments available to explore how participants function with regard to mental health. The Gold et al.(2013) study concentrates on the effectivity of Music Therapy on patients with non-organic mental disorders that have low motivation for therapeutic intervention. The study finds that resource-based Music Therapy is an effective intervention for the population under investigation, and found there was an increase in motivation to attend therapy. The study recommends further research in head-to-head treatments, for instance pharmacological treatments versus Music Therapy. This is of particular interest to the present study as pharmacological treatments have proven less effective in treating negative symptoms, whereas Music Therapy has had promising results.



Næss and Ruud (2007) conducted a qualitative research study into Music Therapy with an institutionalised woman diagnosed with schizophrenia. The Music Therapy intervention resulted in a more focussed individual with more defined goals in life (Naess & Ruud, 2007:170). The researchers noted that perspectives from relational psychotherapy, resourceoriented and performance-based Music Therapy as well as musicology were utilised (Naess & Ruud, 2010:161). The individual case study design of this study makes the findings challenging to apply in different contexts, however, following the emotional contour of the patient from a jarring and dissociated inner state to a peaceful quality of mind illustrates a near ideal treatment trajectory. The radical improvement of the individual client in Naess and Ruud's (2010:163) study coincides with the findings of other studies on the benefits of Music Therapy (Mössler, Heldal & Gold, 2013; Solanki, Zafar & Rastogi, 2012; Silveman, 2007). The studies differ on some key points but concur on the beneficial outcomes of Music Therapy as an adjunct to standard psychiatric care. The limitation mentioned (it was a study of one individual) in the Naess and Ruud (2010) study could encourage the assumption that Music Therapy is effective when the duration of the treatment is sustained over a period, and in a one on one environment. Smeijsters and Cleven (2006:37) researched the treatment of aggression in forensic psychiatry using the arts therapies. Often patients diagnosed with schizophrenia struggle with controlling feelings of anger and Music Therapy provided an invaluable and appropriate medium into which strong emotion could be safely projected (Smeijsters & Cleven, 2006:38).

2.4.1 Music therapy and negative symptoms

Though many of the studies reviewed here found that Music Therapy had a positive effect on negative symptoms, the research was not designed around, or adapted to the specificity of negative symptoms. There appear to be no studies on Music Therapy and the negative symptoms specifically. In the domain of psychiatry itself negative symptoms receive separate attention in separate papers (Foussias & Remington, 2010; Blanchard et al., 2011; Strauss et al., 2011), indicating that it stands as a topic ripe for further specific research with regard to Music Therapy.

An exploratory and quasi-experimental study, conducted in Iran by Mohammadi et al. (2012) compared the impact of Music Therapy on the negative and positive symptoms of Schizophrenia. The experimental group received individual and group Music Therapy including improvisation, singing and movement (Mohammadi et al., 2012:56). The results show a greater improvement on the composite score for negative symptoms in comparison to the positive symptoms (Mohammadi et al., 2012:56). These results could indicate the need for Music Therapy research that focuses on the negative symptoms. The fact that the most significantly positively adjusted sub-scale of negative symptoms was 'anhedonia — asociality' shows the potential of Music Therapy to influence areas that a pharmacological



approach has been less effective in treating (Mohammadi et al., 2012:59-60). This study is relevant to the current research because it took place in a developing nation (Iran), used group Music Therapy among other types, and had a clear focus on negative symptoms. The social and economic conditions of developing nations are different from developed nations, and these conditions impact all spheres of life including mental health (Hovey, 2013:1). Though there have been a large number of studies in the last decade on the use of Music Therapy in the field of mental health in developed countries, there is a dearth of studies in the same field undertaken in developing countries (Hovey, 2013:1). Similarly to the research by Mohammadi et al. (2012) this study is also situated in a developing country, namely South Africa. Furthermore, the current study also utilised a group creative Music Therapy model and focused on the negative symptoms. Limitations of the study by Mohammadi et al. (2012:61) were the small sample size (making reliable sub-group analysis difficult), and the fact that the control group did not have any social interaction.

A quality of life questionnaire using Likert scales was designed by Eyre (2011:149) for a study on choir membership and performance for adults with chronic mental illness. The results indicated that membership had a positive impact on self-esteem, emotional well-being, mood upliftment and stress levels. According to research by Barrowclough, Tarrier, Humphreys, Ward, Gregg and Andrews (2003:93) low self-esteem has been demonstrated to have a direct impact on both the negative and positive symptoms of schizophrenia. The positive effect that Music Therapy may have on self-esteem, as evidenced by Eyre (2011:160-161), together with the firm connection of self-esteem to the negative symptoms in schizophrenia (Barrowclough et al., 2003:93), encourages further study.

How to manage negative symptoms is a question that is still largely unanswered both in psychiatry and the in the psychological and psychosocial adjunctive therapies. The NIMH-MATRIC (Schizophrenia) consensus statement (Kirkpatrick et al., 2006:215) calls for, amongst other items, a standardised instrument for negative symptom research, new medication to be developed and, most relevant to the current study, more research into adjunctive therapy approaches. This study hopes to contribute to developing knowledge in this field.



3. Methodology

The various factors that comprise the methodology of the current study are described in this chapter. Firstly the research paradigm and research design are discussed. Following this, sampling, data collection, and data analysis will be outlined. Next, methods of safeguarding the quality and integrity of the data peculiar to the current study will be examined. Finally, ethical considerations will be deliberated.

3.1 Research paradigm

According to Terre Blanche and Durrheim (2006:6), a paradigm is a complete system of practice and reasoning that elucidates a researcher's position according to ontological, epistemological and methodological assumptions. Usual practice in qualitative research is to discuss, in the following sequence, the paradigmatic, ontological, epistemological and then methodological foundations of the research. However, the current study makes use of a mixed methods approach, where both qualitative and quantitative data is analysed. Consequently the task becomes more complex. For the purpose of greater clarity, I will flip this sequence on its head and discuss the methodological foundation first. I will then consider how mixed methods flows from distant epistemological and ontological orientations.

3.1.1 Mixed Methods Research

Mixed methods is the class of research where qualitative and quantitative research techniques, methods, approaches, concepts or language are 'mixed' by the researcher into a single study (Johnson & Onwuegbuzie, 2004:16). The current study is weighted towards a qualitative approach, but incorporates quantitative data into the findings supportively (Nagy Hesse-Biber, 2010:12). In discussing the methodology of the current study, a clarification of qualitative and quantitative research approaches is appropriate. Qualitative research analyses and synthesises people's words and actions as part of a multifaceted investigation into culture, society and behaviour (Hogan, Dolan & Donnelly, 2009:3). Additionally, the researcher is committed to a naturalistic perspective and the interpretive understanding of human experience (Wheeler & Kenny, 2005:10). On the other hand, quantitative research undertakes empirical inquiry through the capture, measurement and analysis of numerical, statistical and/or mathematical data (Given, 2008:713).



A strength of mixed methods lies in the way data can be combined to create a multi-faceted, in-depth picture of social phenomena (Nagy Hesse-Biber, 2010:3). Johnson and Onwuegbuzie (2004:21) assert that "words, pictures, and narrative can be used to add meaning to numbers". The quantitative data obtained, enriched the qualitative findings when combined with the corresponding narrative, descriptive and video data (Johnson & Onwuegbuzie, 2004:21). One of the advantages cited for mixed methods research is triangulation, where the researcher examines the qualitative and quantitative data collected in the study through the identification of areas of convergence (Lincoln & Guba, 1985:290). Examining the separate results in a complementary manner may provide a more complete understanding of the way clients with negative symptoms respond to Music Therapy.

Mixed methods is appropriate for the current study because, though Music Therapy practice is often guided by evidence-based research, integrating this with research on clinical experience, and client perspectives and preferences can lead to new insights in formulating beneficial interventions (Bradt, Burns, & Creswell, 2013:126). Onwuegbuzie and Leech (2005:383) indicate that researchers using mixed methods are optimally positioned to combine empirical precision with descriptive precision. Another factor in favour of using a mixed methods approach is to increase the limited number of published studies in Music Therapy using this approach.

3.1.2 Ontology and epistemology

Ontology is the philosophical consideration of the nature of being and reality, while epistemology is the understanding of how one knows this reality (Gray, 2004:16). Different methodologies flow from distinct epistemological and ontological foundations. Qualitative research is often situated in a more subjective or interpretive ontology, where reality is constructed through an individual's inner subjective experiences of the world (Terre Blanche & Durrheim, 2006:6). Taking an empathetic stance to different characterisations of reality, that recognises the subjectivity of both the observer and observed, illustrates the epistemological foundation of qualitative research (Willig, 2001:12). On the other hand, quantitative research looks for 'hard' generalisable data, and is commonly situated in a positivist ontology. Positivism posits that there is an objective reality to be known, separate from whomever is observing it. Thus, in quantitative social research, valid social scientific outcomes can be deduced and generalised which are independent to context and time (Johnson & Onwuegbuzie, 2004:14). A positivist epistemology holds that the researcher is objective and remains detached whilst observing a stable external reality (Terre Blanche & Durrheim, 2006:7). In combining seemingly opposed ontological and epistemological positions, the justification for mixed methods research is potentially contradictory.

Some scholars argue that mixed methods is untenable because of the attempt to combine incompatible ontological and epistemological assumptions (Bradt et al., 2013:123-124). The



scholarly debate around mixed methods has become known as the 'paradigm wars' otherwise known as the incompatibility thesis (Johnson & Onwuegbuzie, 2004:14). The thesis posits that qualitative and quantitative research paradigms, as well as their methodology, cannot be mixed. One possible solution to resolve paradigm incompatibility is through taking a pragmatic approach. The philosophical stance of pragmatism, as suggested by Johnson, Onwuegbuzie and Turner (2007:113), supports methodological integration. A pragmatic approach to knowledge attempts to consider multiple viewpoints, positions, standpoints and perspectives. Pragmatists want to avoid "the ontological reification of social structures into abstract explanations" (Kivinen & Piiroinen, 2004:236). In other words, they consider solutions to problems by studying the relevant phenomena, and refrain from being unduly theoretical. The ontological stance of pragmatism follows pragmatist Margolis (2002:40-41) in considering all human experience a "symbiosis" of both subjective human interpretation and objective nature. Within this perspective, mixed methods research presents a methodology that draws from the strengths of both positivist and interpretive paradigms, whilst attempting to minimise the weaknesses (Johnson & Onwuegbuzie, 2004:15). Whilst there is no direct 'solving' of the challenge to mixed methods presented by the incompatibility thesis, taking the pragmatic stance mentioned allows the full utilisation of insights from both qualitative and quantitative research.

Within the frame of pragmatism the qualitative side of the current study is built on an interpretive ontological foundation. The epistemological approach flowing from an interpretive ontology holds that the social reality to be researched is created through individual, or subjective, experiences of the world (Orlikowski and Baroudi, 1991:5). Methodological techniques including interviewing and observation, that depend on the subjective relationship between the subject and researcher, are characteristic of the interpretive approach (Gray, 2004:21). There is no external theoretical model that is transferred into the world of the subject, instead an empathetic understanding is sought as to how that world looks, feels and behaves (Gray, 2004:20).

3.2 Research questions

As mentioned, the main research question guiding the current study is:

How can forensic clients in a psychiatric hospital who are diagnosed with schizophrenia benefit from group Music Therapy sessions in relation to their negative symptoms?

The subquestions are:

1. How can group Music Therapy sessions contribute as an intervention for emotional withdrawal and blunted affect in forensic clients in a psychiatric hospital diagnosed with schizophrenia?



- **2.** How can group Music Therapy sessions contribute as an intervention for relational withdrawal and conversational flow in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **3.** How can group Music Therapy sessions contribute as an intervention for difficulties in abstract thinking and stereotyped thinking in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **4.** How can group Music Therapy sessions contribute as an intervention for anhedonia in forensic clients in a psychiatric hospital diagnosed with schizophrenia?

3.3 Research design

The current study was exploratory in nature and utilised a case study design. Exploratory studies, notes Aldridge (2005:242), often contribute critical impetus for more studies on the same or similar questions. Willig (2008:74) asserts the sharp focus on a particular unit of analysis, the *case*, characterises the nature of a case study design. In a case study design the researcher takes an ideographic approach (Willig, 2008:86). This means that the researcher focuses on the minutia that makes up the whole. The purpose is to gain understanding of a case within its particular context (Aldridge, 2005:11). According to Willig (2008:78), case studies can make use of both qualitative and quantitative methods of research, making it a suitable design for the current study. As mentioned, triangulation generally enriches case study research because different perspectives are generated for the same case. Triangulation also facilitates a deeper appreciation of the multiple dimensions of a case, as well as its social, physical, symbolic and psychological contexts (Lincoln & Guba, 1985:290).

This research study consisted of eight Music Therapy sessions, one or two sessions per week for six weeks. Each of the Music Therapy sessions for the current study consisted of four main components. The first was an introductory phase that includes listening to an appropriate piece of music. This part of the therapy process was considered preparatory. The second phase focused on a group drumming activity, giving the opportunity for all the participants to lead in rotation. This activity took the form of a drumming circle. The purpose of the drumming circle was to foster interaction, communication and creativity. The third phase consisted of free musical improvisation. This purpose of this phase was to encourage expression through the medium of music. The last phase was a closing song in which all participants were encouraged to join.

I acted as both therapist and researcher, which created a dual relationship with the clients. Thus, I was aware of the potential for contradictory priorities (Ansdell & Pavlicevic, 2001:103-104). As a researcher the primary goal is to collect data efficiently and competently in order to contribute to the knowledge and understanding of the topic. As a therapist my goal



was to deliver an effective intervention. Fostering an awareness of how these priorities intersect, and possibly conflict, is the solemn responsibility of the researcher (Bruscia in Wigram, Pederson & Bonde, 2002:31). This may be accomplished through supervision and reflexivity (which will be discussed further under the section on research quality). The interviews took place immediately after the last Music Therapy intervention. The duration of the interviews were between 15 and 40 minutes, which balances both the requirements of research and what is reasonable for a person with schizophrenia (McCann & Clark, 2004:15). All eight participants were interviewed.

3.4 Sample

The current study employed a sample that consisted of eight adult male clients presenting with the negative symptoms of schizophrenia. The individuals who were invited to participate are patients at the forensic ward of Valkenberg Psychiatric Hospital in the Western Cape. The group was a closed group, and regular attendance was encouraged throughout the duration of the study. A purposive non-probability sampling procedure was used, applying a criterion sample scheme (Onwuegbuzie & Collins, 2007:285). A purposive sample refers to selecting a sample based on the knowledge of a population and the purpose of the research. In the current study the most suitable individuals were selected for exploring the effects of Music Therapy on the negative symptoms of schizophrenia. The individuals purposively selected were referred by Dr Marc Roffey (a psychiatrist at Valkenberg, see appendix A), on the basis of a diagnosis of the negative symptoms of schizophrenia, with preference given to those exhibiting the more pronounced symptoms. Before participants give consent to participate in the group therapy, they were informed of the procedure and nature of the study by receiving a participant information form (see appendix B). The form indicated the freedom to withdraw at any stage without consequence, that there will be video recordings of the sessions, interviews will be conducted and all captured data will be stored for later use. Informed consent was then acquired before the study commenced (see appendix C). All the participants in the current study are considered literate. With the help of Dr Marc Roffey, every effort was made to ensure the client could make an informed decision regarding participation, and if there was a lack of capacity to make that decision, that individual was not selected. Valkenberg hospital, under the Western Cape Government Health Department, were also requested to formally approve consent for the current research Appendix D presents the aforementioned consent. Both English and Afrikaans were used by the interviewer where appropriate, because I as the researcher understand both. Xhosa was used by the interviewee where necessary, for later translation.

Non-probability sampling does not involve random selection from the appropriate population, and implies that findings cannot be generalisable to a larger population, but rather is best suited to obtain insights into a phenomenon, individuals or events (Onwuegbuzie & Collins,



2007:285). The criterion sample scheme involves selecting individuals that meet one or more criteria (Onwuegbuzie & Collins, 2007:286). The criteria of the current study was that the clients receiving the intervention had the negative symptoms of schizophrenia and were from the forensic ward. Though the group receiving the intervention were adult males, this is due to the significantly larger adult male sample population at Valkenberg.

3.5 Data collection

As this was a mixed method study, the data collection was both qualitative and quantitative. The first source of qualitative data were the video recordings of the Music Therapy sessions. The second source of qualitative data were semi-structured interviews. Interviews were conducted at the end of the therapeutic process. For the Quantitative component, data was collected through the administration of the PANSS test before and immediately after the period of research (Kay et al., 1987:265-267).

3.5.1 Qualitative data collection

Semi-structured interviews make use of open-ended questions. Open-ended questions allow the interviewee to put into their own words their experience of the phenomena (Breakwell, 2000:368). I proposed to ask questions that relate to the participants' experiences of the Music Therapy sessions and explored whether the experience has been perceived as beneficial or not in relation to their negative symptoms (see appendix E for the semistructured interview schedule). The suitability of semi-structured interviews for interpretive research lies in the importance attributed to the personal experience and interpretations of the participants (Fontana & Frey, 2000:652). Though the reflective capacities of the population group for the current study may be extremely limited, as mentioned by Lysaker, Buck, Carcione, Procacci, Salvatore, Nicolò and Dimaggio (2011:59), insight can still be gained if the interviewer has sufficient interpersonal skills and listening ability (McCann & Clark, 2004:15). Listening ability is determined by understanding what is being said, as well as discerning the more 'inner' quality or meaning of a communication. Furthermore observing four types of non-verbal communication can yield rich insight in this population group: kinesic (body posture, movement), chronemic (use of silence, pace of speech), paralinguistic (pitching, quality and dynamic levels) and proxemic (use of interpersonal space) (McCann & Clark, 2004:13). Though the interview questions are pre-worded, a semi-structured style allows for flexibility in wording, order of questions, and the amount of time spent on specific questions (Noonan, 2013:30).

The video recordings (VR) allowed the collection of behavioural and interactional data, and assisted in the understanding of naturalistic conduct (Luff & Heath, 2012:256). The interview and video data offered a variety of contrasting perspectives in addressing the research



question. According to Bottorff (1994:246), VR offer some unique advantages in qualitative research. The detailed perusal of verbal, nonverbal and visual data demonstrated by the participants is made possible because of the density of information available for examination. A limitation to VR is that the presence of a camera, or set of cameras, is likely to increase reactivity and so detract from naturalistic observation (Luff & Heath, 2012:257). Another limitation of VR is the impossibility of discerning the subjective motivations of the behaviour being recorded. Despite the mentioned limitations, using VR in qualitative research offers the potential to extend understanding of behaviour and illuminate new questions (Bottorff, 1994:258).

The qualitative component of the current study is distinguished by a particular quality of observation: that of wholly experiential participant observation, as described by Ansdell and Pavlicevic (2010:132). This kind of observation draws on the experiential component of the researcher as a valuable method of gaining insight into the phenomena under investigation. To cultivate this kind of observation it is necessary to be non-hierarchical in organising the phenomenon being observed, because even the smallest seemingly insignificant detail can be meaningful. As Steiner (in Ansdell & Pavlicevic, 2010:133) articulates, "We must not omit to cultivate this interest in very little things. The ear lobe, the paring of a fingernail, a single human hair, should be every bit as interesting for us as saturn, sun and moon".

3.5.2 Quantitative data collection

As mentioned, the quantitative instrument used in the current study is a standardised psychiatric interview schedule called the Positive and Negative Syndrome Scale (PANSS, see appendix F). The Quantitative data collection was conducted by Dr. Marc Roffey, who is qualified to rate clients for the PANSS test (see appendix A). The eight participants who were included in the study had PANSS scores assessed both pre and post the study, making a total of sixteen scores. The PANSS interview schedule comprises a protocol of questions, and the rater scores according to comprehensive rating criteria (see appendix G for the rating criteria). This protocol includes a thirty item scale, seven test positive symptoms, seven test negative symptoms, and sixteen test general psychopathology. The PANSS test is administered as a structured interview (Kay et al., 1987:262). A structured interview consists of closed questions. This means that identical questions are posed to each participant in the same order, using the same wording (Noonan, 2013:28).

Structured interviews make data collection and analysis expeditious because of the closed question design (Noonan, 2013:29). Important to the current study is that the PANSS test provides evidence that the positive and negative symptoms, once their universal association with general psychopathology is extracted, represent mutually exclusive constructs. Therefore it is possible to extrude the negative symptom component from the test as a



source of data for the current study. The PANSS test was administered to each participant individually and took approximately forty minutes.

3.6 Data Preparation

Data preparation involves setting up procedures that ensure accurate logging or transcription of the data, accuracy of the data, and structuring of the data (McLellan, MacQueen & Neidig, 2003). For the qualitative component of the current study I prepared data from the semi-structured interviews and video recordings. For the quantitative component I prepared data from the PANNS test results.

3.6.1 Preparation of qualitative data

The semi-structured interviews were audio recorded and then transcribed verbatim. Interview transcription decisions run along a continuum where, on one end every utterance is captured in as much detail as possible, and on the other, stutters and pauses are removed, grammar may be corrected and slang is interpreted to standard language (Hammersley, 2010:553). Transcription of interviews in the current study stayed as close as possible to the original, with no corrections or alterations.

I selected three meaningful excerpts of video data in collaboration with my supervisor, Mrs Andeline Dos Santos, for data analysis. The VR data was prepared using thick description. According to Ponterotto (2006:541), thick description attempts to present detail, context and emotional content.

3.6.2 Preparation of quantitative data

The raw data from the PANSS test scores was transformed into an electronic format using a spreadsheet. Preparing the data of a quantitative study with a large sample involves three steps: coding, entering and cleaning (Terre Blanche & Durrheim, 2006:189). However, in a small study with no parametrical statistical analysis, this is unnecessary. The negative symptom section of the PANSS test lists 7 items. Each item is rated 1 - 7, representing increasing levels of psychopathology: 1 = absent, 2 = minimal, 3 = mild, 4 = moderate, 5 = moderate-severe, 6 = severe, and 7 = extreme (appendix G). Each participants received an overall rating for the negative symptoms, taken from the mean of the seven symptoms.



3.6.3 Data analysis

This section will discuss how the data was analysed in both the qualitative and quantitative components of the current study. Thereafter I will explore how the findings of both components can be presented in an integrated discussion.

3.6.3.1 Analysis of qualitative data

To analyse the qualitative data (semi-structured interviews and video recordings) I made use of thematic analysis. Thematic analysis is a method of determining, analysing and compiling themes in a data set (Braun & Clarke, 2006:79). More specifically, thematic analysis outlines "a process of segmentation, categorisation and relinking of aspects of the data prior to final interpretation" (Grbich, 2007: 16). Thematic analysis is appropriate for the current study as it is congruent with the interpretive ontology, and the epistemology of subjective observer. Throughout the process the researcher must continually cross-check any interpretations arising from thematic emergence, with the raw data from which the themes were derived (Matthews & Ross, 2010:374). This is to ensure the researcher stays 'in touch' and 'grounded' to the data.

Undertaking thematic analysis for the current study involved a number of steps. Firstly the interview transcripts were read through, making notes initially on anything that stood out or seemed relevant. Subsequently the transcript was read through again, and emerging ideas about the meaning or interest of the data were noted down (Braun & Clarke, 2006:88). Next initial codes were developed, and these were grouped into categories. Themes emerged from collections of categories. The themes were explored in order to identify possible connections between them. The video data was, likewise, analysed using thematic analysis. Thick descriptions of the video excerpt were carried out, after which codes were developed. Like the semi-structured interview data analysis, the codes were grouped into categories and the categories into themes.

3.6.3.2 Analysis of quantitative data

The quantitative data (collected through the PANNS test) was analysed primarily using descriptive statistical analysis. I also briefly ventured into inferential statistics, using a paired sample *t*-test, to compare the difference between the pretest and posttest scores. The conclusions I was able to draw from the descriptive statistics and the paired sample *t*-test were highly limited due to the small sample size and, therefore, I will not be making any generalisations of the findings of the current research. I used the quantitative data in this study in an exploratory manner, purely as a suggestion that further inferential analyses of a



larger sample seems to be a worthwhile endeavour. I also used the data to reflect on the qualitative findings in an integrated manner.

Descriptive statistics can calculate the numerical data into averages, totals, and ranges (Gillham, 2000:80). Descriptive statistics requires calculation of the central tendency (or the 'average' of how participants scored overall) and also calculation of the variability of scores (or to what degree the distribution of scores is spread) (Cozby & Bates, 2012:241). The central tendency of the quantitative data in the current study was examined using the mean. The mean is obtained by adding all the scores and dividing by the number of participants and appropriate to use, according to Cozby and Bates (2012:245), when scores are measured on an interval scale (such as the PANSS test). The variability was measured by calculating the range, which is the difference between the highest and lowest scores (Cozby & Bates, 2012:241). Though the numbers involved in descriptive analysis do not yield the potential to draw conclusions about statistically significant differences, they can still offer important indicators of reality experiences by participants in the case study (Gillham, 2000:82). In addition, I used a paired sample *t*-test for considering the significance of the difference between the pretests and posttests.

3.6.3.3 Integration of findings in mixed methods research

The current study used a parallel mixed analysis technique (Onwuegbuzie & Leech, 2004:782). This means that the qualitative and quantitative data were mixed at the interpretation stage of the analysis process. The mixing is done at this point because the quantitative data is most useful in enhancing the qualitative findings, as the study is weighted towards a qualitative approach (Onwuegbuzie & Leech, 2004:771). Furthermore, with respect to the qualitative weighting of the current study, the quantitative data analysis can contribute depth to the findings.

Possible relationships between the themes that emerge through analysis of the semistructured interviews, those emerging through the video analysis and the findings from analysis of the quantitative data, were explored. Particular attention was given to each of the seven negative symptoms and how they may be reflected in the qualitative data.

3.7 Research quality

This section will review the ways in which the quality of both the qualitative and quantitative data and findings was ensured. As the current study is weighted towards qualitative research, the discussion will be focussed accordingly. The characteristics of plausibility, applicability and consistency establish the trustworthiness of qualitative research (Lincoln &



Guba, 1985:290). Trustworthiness is essentially the persuasion of the reader by the researcher that the findings of the study are credible.

The value of quantitative research is determined by reliability and validity (Dunbar, 2005:9). Reliability concerns the consistency of the measurements taken, and the accuracy of the data capturing process. As mentioned, the PANSS test is a well established, widely used instrument with satisfactory test-retest reliability (Kay et al., 1987:261). Dr Marc Roffey is qualified and experienced in administering this test. Validity is the consideration of whether the findings clearly follow from the data collected (Tredoux & Smith, 2006:166). Specifically, the PANSS test has provided evidence of its criterion-related validity (validity of positive and negative symptoms), its predictive validity (anticipated response to medication) and typological validity (whether patients had predominantly positive or negative symptoms) (Kay et al., 1987:270-272).

According to Bergman and Coxon (2005:18) making quality concerns a high priority contributes to the plausibility of qualitative research. Showing constant awareness of alternative interpretive possibilities, for the purposes of justifying the one chosen, will go some way to establish coherence and trustworthiness (Bergman & Coxon, 2005:18). The researcher has endeavoured to relay such an awareness. The qualitative data, enriched by the quantitative findings, involved subjective evaluation and judgement, and the researcher has undertaken to make this explicit to the reader.

Reflexivity refers to the awareness that I, as the researcher, contribute to the construction of meaning, and the acknowledgement that it is impossible to remain impartial, or 'outside' of the subject matter being researched (Willig, 2001:10). Reflexivity involves reflecting and disclosing on how the research has been shaped by personal values, experiences, interests and wider views on life (Willig, 2001:11).

Applicability refers to the extent to which one can apply the findings to other contexts or subjects (Lincoln & Guba, 1985:290). As the current study is largely qualitative (and the quantitative aspect being un-generalisable), the transferability of the findings would depend on the similarity of context and participants. Though a qualitative researcher cannot specify the validity of an inquiry to external contexts, providing a thick description can enable a third party to contemplate whether such a transfer may be possible. Consistency is determined through findings remaining dependable, when the same qualitative data is subject to repeated observations (Lincoln & Guba, 1985:290). Consistency is also reinforced through the application of triangulation in the analysis of data.



3.8 Ethical considerations

The current study adheres to four philosophical principals: autonomy together with respect for the dignity of persons, nonmaleficence, beneficence, and justice (Wassenaar, 2006:67). Autonomy and respect for the dignity of persons was ensured through obtaining consent from the prospective participants, maintaining confidentiality and assuring anonymity. As recommended by Noonan (2013:31), the interviewer did, prior to each interview, reassure the interviewee of confidentiality and anonymity as well as remind him that the interview will be filmed. These points are also made clear in the participant information, and informed consent forms (see appendices B and C).

Nonmaleficence refers to the requirement and responsibility of the researcher that no harm befalls the participants due to the study. Similarly they may not be wronged in any way. Nonmaleficence was ensured through the full disclosure of the research process to the participants. If anything had emerged in the sessions that required further support, after the completion of the current study Dr Roffey was available to continue working with the individual. All the participants received concurrent simultaneous standard treatment during the period of research. Beneficence is the assurance that the benefits were maximised for the participants. It also refers to the assessment of risks that partaking in the study may incur. The clinical process that I facilitated is intended to be of benefit to the participants. I endeavoured to treat all participants with the utmost respect during the sessions. Justice refers to the fair selection of the participants, and the requirement that they be treated with fairness and equity during all stages of the research.

Regular supervision ensured the ethical considerations mentioned were continually assessed during the course of the current study. I undertook full responsibility for maintaining ethical clinical relationships with the participants, as well as for the quality, reliability and trustworthiness of the research process. The University of Pretoria will archive the data for a period of five years subsequent to the submission of this study. The University of Pretoria's Research Ethics Committee granted approval for the current research on 29 January 2016. The University of Cape Town, Valkenberg hospital, and the Western Cape Government Health Department, also formally approved consent for the current research by 28 February 2016.



4. DATA ANALYSIS

4.1 Introduction

This chapter sets out the various stages of data analysis applicable to this research endeavour. As this research employs a mixed-methods approach, both the quantitative data and the qualitative data analysis is discussed in conjunction. Initially the processes of data collection and preparation are described.

Regarding the quantitative data, I will describe the process of data capturing from the PANSS test, administered before and after the therapy process, and the scoring thereof. Thereafter I will discuss how the results may be viewed through the lens of descriptive statistical analysis. The PANSS pretest and posttest will also be assessed using a paired sample *t*-test, being aware this significance is not generalisable. The *t*-test data assists in this discussion because it defines any changes to the symptoms over the period of the intervention. Examples of individual and collective participant scoring, with reference to the negative symptoms, will accompany the discussion.

For the qualitative data, the procedure of coding is discussed first. How the codes then fit into emergent categories, and the course taken in further distilling the forty-four emergent categories into six themes is discussed. I will describe how the tendered themes are interrogated and further developed. Thereafter the findings derived from this thematic analysis are outlined. With the aim of affording a more comprehensive insight into the iterative and somewhat circular process of data collection, preparation, coding and the subsequent findings, representative examples are presented from the complete body of data. How the qualitative data relates and intersects with the quantitative data will be considered through this chapter.

It is important to elucidate and self-reflect on the different roles I played during the course of this study — that of researcher, as well as the therapist. When engaged in qualitative research, one's worldview has a direct bearing on how one might collect and interpret data (Willig, 2001:10-11). Somewhat offsetting this is the quantitative data collection process, which I deliberately had as little to do with as possible. The pretest quantitative data was collected by Dr Roffey in the two weeks prior to the commencement of the study and I was not present. Thereafter I facilitated the Music Therapy sessions, and my interaction with the participants was guided by my therapeutic intentions. It was only after the sessions were over that I conducted the semi-structured interviews, and my interaction and relationship with the participants changed. Though I conducted the interviews in a therapeutically informed



manner the perspective changed to being a researcher. Nevertheless the participants' psychological well-being was my primary concern.

4.2 The Participants

For the purpose of anonymity, this research dissertation uses pseudonyms for the eight participants. The participants were Larry, Tiago, Lonwabo, Samual, Thukile, Rocco, Andrew and Douglas. The attendance for the sessions was relatively regular (please see table 1). In session one, two participants, Samual and Andrew were absent and in session eight, Larry was absent. All other sessions were fully attended.

The participants shared a common diagnosis of the negative symptoms of schizophrenia. However they were also diagnosed, to various degrees, with other symptoms of schizophrenia, including positive and general psychopathology symptoms. All were receiving medical treatment for schizophrenia. All participants were adult males between the ages of 25 and 53, and were long-term patients at the Valkenberg Hospital Forensic Unit. The participants generally presented with low energy and flat affect, and this was more pronounced in the first sessions. The participants wore a mixture of civilian, and state hospital issued clothing. Following is a brief portrayal of each of the participants.

Larry is a tall, slender man. He had a withdrawn, weary demeanour, often mumbling his words and averting eye contact. His appearance was unkempt. In contrast to his low energy, Larry played and sung enthusiastically in the sessions, and was musically supportive of other participants. At times he would seem annoyed by fellow participants. Larry involved himself in the various music activities in a deliberate, sincere and somewhat serious manner.

Tiago is a younger man of average build, with a well kept, tidy appearance. In my observations of him on the ward I noticed he would commonly be frowning, looking downwards, gnawing at his knuckles, and walking up and down the outside area of the ward talking softly to himself. He avoided contact and communication. When engaged in music activity he would routinely move his body with the rhythm, and sometimes look up and smile. Tiago found coming to Music Therapy sessions effortful at first, but towards the last sessions would arrive a half hour early on his own initiative. He would be happy to sit down and play instruments by himself, while I set up the session space. Afterwards he would be the last to leave.

Lonwabo has a round, cherubic face, usually moved in a slow, considered manner and seemed relaxed in his posture. Though his face was most often directed downwards, and he would verbally communicate without looking in my direction, he willingly engaged in music



activities. Lonwabo enjoyed a group activity that involved workshopping a song, and revealed he wanted to write poetry after the sessions had concluded.

Samual is a slender, slightly-built man. He always wore a peaked cap, and his demeanour was retreating and uncertain. He would keep his eyes covered with the peak, and head facing downwards. In the first sessions he would prefer to nod, or shake his head, from under the peak, than to speak directly. Over the sessions Samual gradually seemed to relax his reclusive demeanour, moving from not speaking to single words or more, from no eye contact to mutual visual connection, from reluctant involvement in activities to taking full initiative and spontaneity in the final session. Though Samual's cap remained on, it gradually 'shifted position' over the eight sessions from being pointed down to sitting right on the back of his head, peak pointed upwards.

Thukile is a tall, well-built man. He presented with a gruff and sometimes sullen demeanour, and largely refrained from communicating within the group. I had the sense that he struggled with regulation, frequently moving from low energy states to being very active and back again in rapid succession. Thukile's periods of higher energy, when therapeutically held, seemed to coincide with creative expression, including self-initiated singing and playing.

Rocco is a well built man. He had a retreating demeanour, low energy and avoided verbal communication. His face was characterised by a saddened expression, and was customarily drawn downwards. In the sessions, he seemed to find singing enjoyable, and at times closed his eyes. He also seemed to enjoy accompanying other participants.

Andrew is a tall man of slender build. He would usually begin the sessions in a tired and effortful way, with a slumping posture. However after a time Andrew would join in the activities and become increasingly enthusiastic. He was overly deferential to me at times, and I was challenged to repeatedly assure him of our equality as human beings. Andrew was naturally and easily creative in that he entered improvisations, singing and other activities without hesitation and with an attitude of intent. During sessions he would often silently get up, of his own accord, to kindly assist me with tasks such as carrying guitars or moving drums, and just as silently return to his seat.

Douglas is a larger man with broad shoulders. His arms often hung by his side, both when walking and when seated. Andrew's demeanour was lethargic and retiring. He often rocked back and forth on his chair, with a flat and distant expression. Engaging with him in Music Therapy activities was challenging at first, but gradually he became more interactive and invested in the process. When greeting Douglas and asking him how he was, he commonly mumbled "fine" in reply. However, in the later sessions he answered more fully and returned the question.



Participants	Attendance over 8 Sessions
Larry	7 of 8
Tiago	8 of 8
Lonwabo	8 of 8
Samual	7 of 8
Thukile	8 of 8
Rocco	8 of 8
Andrew	7 of 8
Douglas	8 of 8

Table 1: Attendance record

The participant with the highest severity of negative symptoms at the start of this research, as tested using the PANSS, was Douglas scoring 5.7 out of a possible 7. Within the negative symptoms, Douglas presented with the highest scores for blunted affect, poor rapport, difficulty in abstract thinking, lack of spontaneity and flow of conversation and stereotyped thinking. In order to bracket preconceived perceptions, I did not know the PANSS pretest scoring throughout the research period. In light of this my observations of Douglas were uninfluenced, and I noticed in the first sessions that he presented with low energy, blunted affect, was very emotionally and relationally withdrawn. My observations largely accorded with the PANSS test in the presentation of the negative symptoms. Douglas had improved his score to 5.3 at the conclusion of the Music Therapy intervention. The person with the lowest severity was Lonwabo scoring 1.1 twice, in both pretest and posttest, and all participants presented with a *mean* of 2.9 for the negative symptoms.

4.3 The sessions

The sessions were all conducted in the morning, starting between 10:00am and 11:00am. The participants were purposively sampled from three different wards at Valkenberg Hospital. The sessions had an average length of forty-five minutes, with some lasting up to an hour or more. The reason for this variability in session length was because some of the turn taking activities were extended into group improvisations, and also some activities like poem writing took more time. The sessions were all held in the same room, known as 'Group Room 2' (see figure 1). The room was large, with a linoleum tiled floor and painted white. I mention the floor because making music in this sonically reflective space echoed at times and became over-reverberant at higher volumes.



There was a large table on one side, leaving enough space for nine chairs arranged in a circle. The chairs were for the eight participants and myself, the Music Therapy student. The table held all the instruments as well as the sound system. The instruments were shakers, tambourines, a xylophone, slide whistles, kalimbas, gourd instruments, two guitars (one tuned to the 'C' chord) and assorted smaller drums. The far side of the room looked out onto a small private concrete patio, enclosed by a low wall. Beyond the wall various other Valkenberg Hospital buildings are visible over a narrow tarred access road.

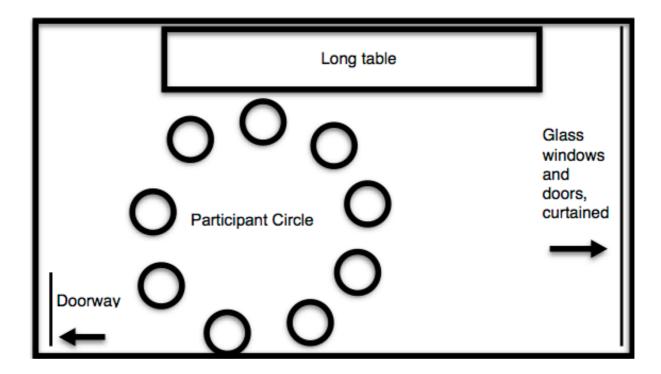


Figure 1: The Music Therapy space, 'Group Room 2'

The whole far side of the room is taken up with curtained glass windows and glass door. On a bright day only natural light is necessary, even if the curtains are drawn. The curtains were drawn for sessions to protect the confidentiality of the therapeutic space.

'Group Room 2' was located in the Occupational Therapy block. The distance from the OT block therapy space, to the wards is a brisk two to three minute walk, around a small grassy woodland park within the Valkenberg Hospital grounds. Gathering the participants from their wards and accompanying them to the therapy space usually meant repeat trips there and back. I realised after session one that I had to budget for one hour of 'participant gathering' before the session. The Occupational Therapy, nursing and administration staff were most helpful in this, and all other, regards. It also did not escape my attention that the large grounds, with birdlife, grass and trees provided useful environmental stimulation for the participants, making the inconvenience trivial. On an average session day there would be three groups of participants gathered from the three wards. When I had assembled one group in the therapy space, the accompanying security official would stay with them while I



gathered the next. The security presence was confined to simply being observational, and there never was an occasion that firstly needed any kind of intervention, and secondly where the participants were spoken to treated badly in any way whatsoever I was aware of. The security was more of a formality, and there was an easygoing and friendly atmosphere between participants and officials. Security was required because the Occupational Therapy block is outside of a ward environment, and other therapeutic activities were taking place that could not be disturbed. In accordance with my ethical obligations, I had made sure that the security personal knew beforehand that the sessions were not obligatory, and purely voluntary.

The sessions included four main areas of activity. Firstly, there was the 'warmup and stretch' section. The participants would do the same body relaxing/activation process every session, but with different selections of recorded music. I used a range of music and genres, including composers as diverse as Beethoven and John Coltrane. I would facilitate a tensing and releasing process through the whole body with the participants sitting. Each movement was described and modelled in a deliberate and measured manner. From here we would all get up, and each participant would offer their own movement, which would be mirrored by the group.

Secondly, there would be a creative drumming activity. Here different activities were designed each week, all of which involved turn-taking, leading and following. Often voice activities were also added to this part of the session. The group's own song composition was developed collaboratively in this section. Thirdly, there would be an improvised music section in the session. Here there was an emphasis on improvised music, whether free or structured within a musical form facilitated by myself as the music therapist. Lastly, there would be the 'goodbye song', where the session would be closed in a therapeutically appropriate manner.

In order to shed more reflexive light on the generation of data (session plans, activities, processes) and data interpretation, it may be helpful to discuss how my personal beliefs intersect with certain theoretical positions. Throughout my role as therapist I identified with the principle of empowering the client, specifically in the field of mental health as considered in the literature mentioned (Rolvsjord, 2004:101-102). The concept of empowering the client also extends to the facilitation of hope and a sense of achievement (Ansdell & Meehan, 2010:35), which I likewise considered to be important aims for the interventions. This intersection is intrinsic to the generation of meaning, and I present my effort in how I dealt with this. For instance, in the following thick description example, a participant is effecting changes on a session activity that I had not anticipated (see table 2).



TD2:12	He continues resting his elbows on his knees. Thukile takes on a leadership
TD2:13	role and his presentation is firm but somewhat abrupt, almost surly. It is a
TD2:14	command, replete with pointing. Andrew, still coughing, reacts cooperatively,
TD2:15	and complies by immediately vacating his seat. Andrew moves to sit down in
TD2:16	the empty seat to the right of the drum throne. Thukile now turns his attention
TD2:17	to instructing Samual where to sit.
TD2:18	The MT realises Thukile is introducing an alternative operational system to
TD2:19	carry out the activity, at odds with his own. As such Thukile's commands seem
TD2:20	directed to the efficiency of carrying out the activity. His design requires that
TD2:21	each participant stand up and move to the next available seat on their right, at
TD2:22	the beginning of each solo. This would of course also necessitate the entire
TD2:23	group standing and moving one seat to the right.
TD2:24	It takes a second for Thukile's intention to penetrate, and the MT principally
TD2:25	undertook to prevent Thukile from possibly appropriating the therapeutic
TD2:26	space. The MT was quick, perhaps too quick, to say 'No, no, hold on Thukile,
TD2:27	let's allow each guy to' The MT trails off, maybe the therapeutic space is not
TD2:28	in jeopardy. Thukile is busy directing Samual to take the throne seat. Thukile
TD2:29	uses his hand to make adamant nudging contact with Samual in the rib area,
TD2:30	and points to the drum seat.

Table 2: Thukile exercising leadership (TD2, lines 12-30)

I regarded his interjection as an act of agency, it was embraced as such, and my role as therapist was to encourage this self-empowerment, while being careful not to derail the therapeutic potential for the rest of the group. If my approach had been more behaviourally, or psychoanalytically positioned, I may well have based my interpretation on a deficiency-founded paradigm. My interpretations were influenced by therapeutic aims because I was facilitating a space of shared leadership.

Instead of Thukile taking over and 'hijacking' the session, he had exercised leadership in a controlled, safe space. Consequently after leading, another participant had a turn in leading. I had to ensure all participants were afforded the same opportunity of empowerment. In this regard it is of note, in this example, that Thukile was directing someone else into a position of prominence onto the 'drum throne' as the soloist.



In the example above with Thukile, I acknowledge how my worldview played a part in shaping both the research and the intervention. However I also made use of an interpretive research technique called bracketing (Fischer, 2009:583), aimed at lessening researcherinserted meaning. Though this appears contradictory, I used this technique to both limit the extent of my worldview influences, as well as to allow meaning to emerge which I may not have considered. Bracketing is an approach to interpretive research that seeks to minimise the researcher's idiosyncratic bearing on the data. It is an effort at letting the data speak for itself. With this approach there is as little researcher inserted meaning as possible. In order to keep in touch with how the data may or may not be supporting my interpretations, a continuous system of checking and rechecking my interpretations against the data was employed. In effect the researcher lays aside their personal values and beliefs provisionally, so that data can emerge true to the participants' meaning (Schwandt, 2000:193). To test my interpretations, I would consciously bracket my emerging concepts about the data, and examine the basis for such interpretations. Using the above example to illustrate, if Samual interacted with the guitar a way that his affect was positively altered, he initiated a group improvisation and was prototypically confident, than I would consider that a viable instance of self-expression. Hence my interpretation that Samual was in a process of self-expression would have been tested against the data, using the concept of bracketing.

4.4 Data collection and preparation

This study has four main sources of data. Firstly, there is the quantitative data collected through structured interviews prior to the Music Therapy process (quantitative data source A) and after the Music Therapy process (quantitative data source B). Secondly, three thick descriptions were written from video excerpts (qualitative data source A) and, thirdly, eight post-study semi-structured participant interviews were conducted (qualitative data source B). Both thick descriptions and semi-structured interviews were utilised because, according to Ansdell and Pavlicevic (2001:143-145), diverse sources of data contribute to a richer depth of understanding.

As mentioned in the previous chapter (please see chapter 3.1.1), although qualitative and quantitative approaches are integrated in mixed methods research, the weighting of this mixed methods study is towards the qualitative. For this reason the quantitative data and preparation will be presented later on in this chapter together with the findings from the qualitative analysis. In the current section I will focus on the two qualitative data sources.



4.4.1 Qualitative data source A: Video Recordings (VR)

All eight sessions were video recorded in close to optimal conditions for the technology. To clarify, in order to make VR as visually and audibly clear as possible for later analysis, there was bright indoor and environmental lighting, as well as enough space in the room for the camera to capture all the participants in the picture. This allowed for a better quality image, where the participants facial expressions and more nuanced body movements are clearly visible. The therapy space was also in a quiet part of the OT block, and so the audio captured in the video recordings is clear. This allows quieter, more gentle moments in the music to be captured faithfully for later analysis. One of the most useful aspects of using VR is the permanence of the medium (Bottorff, 1994:246). This allows for repeated viewings as a method of gaining insight into the data. Music therapy students are rigorously trained in the use of video recordings for critically analysing session activity in order to gaining insight for constructing ongoing therapeutic strategic goals and activities for future sessions. The procedures of capturing and critically analysing video data were, thus, familiar to me, and the reasoning for use of VR as data is substantiated. The use of thick description as a technique of VR transcription is desirable because of the rich layers of meaningful text it can generate. This text is then set in a column for further analysis to proceed.

4.4.1.1 Selection of excerpts for thick description

This section describes how the three video excerpts were chosen for the purpose of thick description. A total of eight Music Therapy sessions were held at Valkenberg Hospital over a six-week period. Seven of the sessions were recorded in their entirety. The end of the second session was not recorded due to battery failure. In my initial viewing I watched all instances where participants were playing music, even the musicing that took place outside the confines of the actual session period (i.e., if group members were playing or singing before or after the session). Some sessions also went over one hour. In total there was nine hours and nineteen minutes of video footage to review.

After careful and repeated viewing of the available footage, I was able to shortlist eleven possible excerpts spanning all eight sessions. In consultation with my supervisor I finalised three clips. These were chosen on the basis of how insight might be gained about the main components under investigation, as outlined in the subquestions of this research. Each thick description relates to an excerpt of about four minutes, selected from the whole of the session footage in collaboration with my supervisor. We looked for excerpts that capture useful information regarding:

1. How Music Therapy can address emotional withdrawal and blank affect.



- 2. How Music Therapy can assist where there is (inter)relational withdrawal and barriers to conversational flow.
- 3. How Music Therapy can contribute as an intervention for difficulties in abstract thinking and stereotyped thinking.
- 4. How Music Therapy may be used as an intervention for anhedonia, and to contribute to the general well-being of the participants.

THICK DESCRIPTION ONE (TD1): Music Therapy session one

Date: Wednesday 30 March 2016

Video 2 of 2: 06'33"- 09'59'. Occurs 31'33" into the session

Line numbers 38 - 60

The contour and cadence of the melody leaves no doubt as to where the last line ends, the tonic note of chord one. Douglas decides he has finished, and stops playing. Rocco is looking at Douglas, and acknowledges each passing phrase of singing with a slight head movement. Rocco is silently watching, but he punctuates the end of Douglas's fourth and final phrase with an affirmative djembe hit. He follows the hit by a simple rhythm, immediately softer and more retreating. Rocco's first hit marks the beginning, or at least the appropriate point of continuation of the song itself. It makes musical sense for him to play at that point in time, if Douglas had chosen to continue or repeat the song. The quieter playing after the initial hit is accompanied by a quick glance up at Douglas, almost as if he was taken by surprise that Douglas did not begin singing again. At the very same moment as the drum hits, Lonwabo begins playing a xylophone melody, using both hands. He plays using the right hand to state the leading rhythmic, and leading melodic motif, whilst the left hand supports by adding grace notes sparsely. Rocco continues the rhythm, and is steady but clearly drops in volume as I speak into the musical space. I say thank you to Douglas for his solo and he gives me a 'thumbs up'. As if in response, Andrew, Tiago, Rocco play slightly louder, a kind of flourish during my quick thank you. The music is building, with Rocco setting the steady beat and Lonwabo playing the xylophone. The energy in the group is higher, there is forward momentum.

Table 3: Thick description segment before coding (TD1, lines 38-60)

The three thick descriptions are labelled TD1, TD2 and TD3. They follow a chronological order. TD1, TD2 and TD3 were generated from sessions 1, sessions 6 and sessions 8 respectively. Please see table 3 for an example of a thick description before coding.



4.4.1.2 Excerpt one - Session one

Session one was approximately 50 minutes long, and the excerpt chosen occurs between 31'33" and 35'26". In this session a number of the negative symptoms of schizophrenia in the participants were observable. Through documenting this excerpt I hoped to form an idea of how their negative symptoms presented at the start of the therapy process, and how the group members began to participate in Music Therapy. The thick description for this excerpt demonstrates that blank affect, and emotional withdrawal are clearly present. There was also a low level of interaction alluding to both relational withdrawal and disruptions in conversational flow. The clip was also selected because, although the negative symptoms are present, it also shows some potential for greater inter-relational activity within the session. In this clip there is no verbal conversational flow, but within some of the music moments, one can observe the possibility of the development of music that is fluently communicative.

The context within which this excerpt was embedded is as follows. It was a bright morning, and so only natural light was needed in the therapy room. Once I had set up the chairs, instruments and hi-fi, I took a moment to quiet myself before collecting the participants. The space felt ready and welcoming. On returning to the room with five of the participants, I had to leave again to get the remaining group. I left the five participants in the room under security supervision.

One of the participants, Tiago, had said he was not coming. I went to see why he had suddenly changed his mind about joining the group. He complained of feeling ill and I offered my help in speaking to the nursing staff about setting up a doctors' appointment. Once we had done so, I asked him if he felt well enough to come and watch the session, and relayed he was under no obligation to play, especially if he was feeling poorly. He declined. I tried one more time to encourage him to just come and take a look, and he then accepted. To my surprise, and as mentioned in the description of the participants, Tiago enthusiastically joined in the playing activities towards the end of the session and was the last to leave, playing a djembe drum up to the last second as he backed out the room.

When Tiago and I first arrived at the therapy space, the security guard and one participant, Andrew, were already playing on two djembes, with the door open and onlookers in the passage. The other participants in the room were sitting down and their bodies were still. Putting aside my reservations and perturbations about unclear therapeutic boundaries, where I was not maintaining a sacred therapy space where privacy was sacrosanct, I embraced the community musicing moment in the spirit of building inter-relatedness, as intimated by Ansdell and Pavlicevic (2004:61), and let the improvisation continue for a spell. I



then consciously established a more private quality, by closing the door as the session continued, and distributed instruments equally.

The participants were seated in a loose circle on plastic chairs. I was sitting in the chair closest to the table. From my left are Rocco, Lonwabo, Douglas, Thukile, Tiago and Andrew. Two of the eight clients are missing today, Larry and Samual. The atmosphere of the first few minutes of the session was relaxed, almost subdued. After a time we began the breathing and body activation activity mentioned previously (please refer to 'The sessions' in chapter 4.1). I noticed an effortful quality to the group as a whole, and the tensing and relaxing was only partially engaged with. I was pleasantly surprised when each participant created their own unique stretch for the others to mirror. Even though I had encouraged this, I was heartened to see individuality being given expression. I took note that there was generally sincerity in attempts to follow the leader, even if the movements were minimal. The second activity was the drumming circle, where we were all now sitting down. I started with a simple therapeutically holding pattern by playing four quarter notes to a bar, with a graced accent note on the first beat, and invited the group to join in. We then took turns in leading the others. I incorporated a simple vocal melody line with the drumming, and again invited the group to join.

Before excerpt one begins, we were in the free improvisation stage of the session structure. This excerpt starts half an hour into the session where the group is engaged in a free instrumental improvisation. The invitation was to select any instrument for the solo improvisation. The only request for the accompanying players was that only one participant, if any, was to play the djembe. The djembe is a very powerful instrument capable of a loud dynamic level, and it was necessary to ensure appropriate musical and individual space for the soloist. From my left Rocco played the djembe (at a volume level that blended with the music of the group), Lonwabo played the xylophone, Douglas played a tambourine, Thukile selected a shaker, Tiago had the conventionally tuned guitar and Andrew played the kalimba. The djembe drums were also in front of each participant in case they selected one for their solo.

After some minutes of playing together freely, I modelled the first solo improvisation using a tambourine and my voice. The participants then undertook, with some additional suggestion and encouragement, to sing and play during their respective turns. This activity was designed to work influentially on multiple levels of participant inter-relationality. Firstly there was the aspect of following a leader. The leadership changed, and all got the chance to lead. There is a flexibility required to engage with the changing parameters of this group dynamic. Secondly the possibility for interactions of personal and inter-personal synchrony are facilitated, where participants may be listening and playing at the same time, while developing a group music quality. There is also the factor of the accompaniment, where the soloist is afforded a holding of their expression by the rest of the group. In this sense the group is the therapeutic holding



force, and the individual may feel supported and encouraged through the way the activity is structured. If the participant does feel encouraged, this may lead to a more relaxed and genuine expression, which in turn may blaze the path for the rest of the participants to also genuinely engage. The activity is designed to facilitate the entering into of sincere self-expression, within a group that is also expressive, and so the possibilities for increased interrelating is maximised. Andrew, Tiago and Thukile had already finished their turns. This description begins with Douglas's solo and, thereafter, continues with the three participants that follow him. See appendix H for TD1.

4.4.1.3 Excerpt two - Session six

Session six was 70 minutes long, and the excerpt chosen occurs between 55'44" and 60'51". This excerpt was chosen both because the activity was designed to facilitate agency, and because it shows a more invested period of engagement in a Music Therapy experience. The clip shows therapeutic interaction with emotional withdrawal and blunted affect. Furthermore, relational activity occurring in the clip is associated with the symptoms relational withdrawal and conversational flow. Some moments in the clip may be linked to pleasure, which speaks to the anhedonia component of the research question.

The following describes the activity from which the excerpt was extracted. The session activity was called 'Drum Throne', which specifically sought to facilitate agency, motivation, leadership and communication. I surmised that working with these as aims may lead to improvements to the negative symptoms specific to the research questions. Participant empowerment might also be a good phrase to sum up the design aim of this activity, and it was a part of the intentional session experience. The activity began with the participants in a mutual drumming and singing activity. We were singing a known song together before the first soloist began. Therapeutically speaking, the song was a 'bridge of holding' — a musical event that conveyed safety, structure, familiarity, predictability and mutuality for the participants between the solos. The idea is that the song allows safe passage through a liminal space between known structure and unknown 'unstructure'. My observation is that this design facilitates emotional wellbeing for the participants, and is highly adaptable to changing circumstances. For instance, the song or the solo can extend or retract over time according to the needs of the group and the facilitation decisions of the therapist.

At an empty seat in the circle (the throne) a selection of drums was set up, namely, four djembe drums and some percussion instruments. These were arranged in a semi-circle around the seat. While the group played the opening song within the drumming circle it was relayed that anyone could get up and play a solo on the drum throne at any time. By leaving the invitation open, there was an additional opportunity to afford and explore agency in the group. When a soloist began to play, I initiated a short period where the other group



members listened without playing, and then they gradually began to play again in support of the soloist. The soloist drove the music that the group reflected. The soloist position would be taken by every member of the group. This highlights aspects of agency and shared leadership, some of the goals around which the sessions were designed.

There is more familiarity and amenable association between the participants at this point in the sixth session. There is more eye contact than there was at the start of the process, and their body postures are more upright. Spontaneous smiles and episodes of intercommunication are a more common session feature. There are moments when group music activities are engaged in with purpose, deliberateness, and sincerity. There is less of the fatuous behaviour so often observed and reported in both in their individual medical files and in the earlier sessions. In this particular activity each drum soloist manages to hold the attention of the group fairly well, and assumes the responsibility of carrying the group's creative purpose. There is also an intermittent, but present, inclination to follow each other. See appendix I for TD2.

4.4.1.4 Excerpt three - Session eight

Session eight was 75 minutes long, including the goodbye ceremony and snacks with fruit juice. The excerpt occurs between 30'57" and 36'02" during this last session. The excerpt begins just after the performance of a song that the group had workshopped together. Group songwriting may be used as an intervention for difficulties in abstract and stereotyped thinking. The lyrics of the song were derived from poems the participants had written about topics identified in therapy as meaningful. The poems were written while listening to carefully selected recorded music, after which they were invited to share them in the group. The poems were written on an A4 sheet, with five lines. See appendix K for the eight complete poems.

The manner in which the poems were realised into a song by the group, and how the group then sang this material together, sets up multiple layers of relational possibilities. For instance, the opportunity to hear your personal, meaningful content reflected back to you through the group. This offers a different more externalised perspective to a personal expression. Empathy is also afforded through the opportunity to sing other participants' meaningful material, as a way of 'stepping into their shoes'. There is the opportunity to relive poem-expressed meaningfulness in a safe therapeutic space. Further yet, there was the opportunity to feel the camaraderie of all walking a journey together, a sense of community and mutuality. The opportunity to feel a sense of equality and stable status within the group was also offered. The last session saw the final performance of the song, and this is where the excerpt begins.



The excerpt includes a spontaneous improvisation occurring immediately after the song ended. This instance of spontaneity, initiative and creative self-expression seemed to have a direct relation to the singing preceding it. A sense of achievement seemed to permeate the group at the end of the song. There were noticeable affective changes and a sense of exuberance that seemed befitting of further scrutiny in relation to the research questions. See appendix J for TD3.

4.4.1.5 Data preparation for thick descriptions

Once the three excerpts were selected, they were viewed numerous times and observations were written that could offer descriptions of the musical and social phenomenon therein that were as comprehensive as possible. In this pursuit a total of 28 pages (11886 words) of descriptive text was generated. In an effort to let the data speak for itself (Gibbs, 2007:45), I attempted to bracket my research questions while writing the thick descriptions. I did so in a bid to convey the essence of the observances — whether they spoke to the research question or not. All thick descriptions were generated this way.

4.4.2 Qualitative data source B: Semi-structured interviews

All semi-structured interviews were held within a week of the final session. All eight participants were interviewed. The interviews were conducted in a conversational manner, where eye contact and affirmative language/gesture were commonly employed by the interviewer. The interview schedule steered the conversation, however, because the semi-structured interviews were, by nature, more conversational, some of the questions were asked in a different order from the schedule, or skipped altogether.

The interviews took place in private rooms near to the participants' location, either in the Occupational Therapy block or in one of the wards. The private rooms were the quietest spaces available, which I considered important for facilitating the most relaxed and open atmosphere possible. However, the bustle of daily life still came through occasionally, like a shout, conversational sounds, clangs and bangs.

I was aware of my multiple roles as researcher and as Music Therapist. As interviewer I was required to consider how my role as Music Therapist informed my conduct of the interviews. One of the ways I took cognisance of this dual role phenomenon was to attempt to distance myself from insights gained in the overall Music Therapy sessions when conducting interviews, as well as later writing codes. In effect I primarily regarded each respondent as a person in which I had no previous insight. This does not mean I never referred to the Music Therapy sessions or the activities. However, I would do so in a bid to develop conversational rapport, as apposed to pre-suggesting the direction I wanted respondent thinking or self-



expressing to take. Another way I took note of my dual role was in the use therapeutic understanding in the actual conduct of the interviews, where an atmosphere of frank engagement was fostered. I tried to facilitate the same therapeutic aims, like empowerment and agency within the interview space. For instance I tried to acknowledge, encourage and model conversational moments that leaned towards these aims in the interview. The facilitation of qualities like agency aided the research process, because the participants would be more likely to be frank in an environment in which self-empowerment was invited.

Throughout the semi-structured interview process I attempted to create a supportive and empathic environment. My aim was to facilitate an atmosphere in which the respondents would feel comfortable. I deliberately gave equal weighting to questions dealing with 'negative' and 'positive' attributes whenever they occurred (for example on Music Therapy, the group experience or the music played) so as to encourage a candid relating of feelings and thoughts. Efforts were made to establish a non-hierarchical relationship, in a spirit of openness, trust, and warmth, with emphasis on the well-being of the participants and them being able to say whatever they wanted to without feeling pressured. I found that by engaging with the respondent in a more informal manner, and being genuinely present with them, I was able to model relational and conversational interactions that aided rapport. I assumed a non-judgemental stance towards answers given, making sure to validate them whether or not I agreed with them, or whether or not they aided the research. I attempted to maintain conversational flow by using the answers as a guide for the ensuing line of questioning.

Although the interviews were mainly conducted for research purposes they appeared to hold therapeutic value too. Respondents had the opportunity to reflect on shifts made in sessions that may have been helpful them. Looking back at the sessions may also have assisted participants in thinking about how they could apply experiences they had in sessions to their daily lives. Certain Music Therapy session experiences could be reframed as 'rehearsals' for different ways of relating, interacting, or being cohesive outside the therapy space.

The participants were assured that all interviews were confidential, in accordance with the relevant ethical principles. The interviews were voice recorded, and notes were made at the time. The notes made were to do with body language, movements, visual affectation and other stimulus pertinent to the research. The language used was English and all participants could speak and understand it. When participants chose to respond in Xhosa or Afrikaans I supported and accepted this, and had the content translated afterwards.



4.4.2.1 Data preparation for eight semi-structured interviews

All eight interviews were transcribed verbatim in full. For the purpose of familiarity with the content, all recordings were listened to at least twice before transcription began.

Transcriptions included repeated words, non-verbal vocalisations, pauses, points of ellipses (...), and emphases. All preliminary text such as greetings, opening remarks and pleasantries were excluded from transcription. The transcriptions begin from the first question. The total number of pages of transcribed interview text is 59 (18 695 words). The length of the interviews averaged 30 minutes, with a wide degree of variation, the shortest being 15 minutes and the longest an hour. If the respondent gave inhibited responses, the interview was then shorter. If the respondent spoke more freely and at length they were allowed to do so. Refer to appendix K for the full transcripts of all eight interviews.

I experienced being both interviewer and transcriber helpful, as I had greater familiarity with the material. I made use of software to slow speech and/or enhance clarity where necessary. Some excerpts of the interviews were replayed up to 20 times to ensure accuracy. This allowed a more complete transcription. Where Xhosa or Afrikaans was spoken it is clearly marked in the respondent's text with square brackets immediately before that language is used, for example [Afrikaans]. However the transcribed text remains in English. Italics were used to convey emphasis, or draw attention to the inflection of a respondent's word or phrase. Repeated words and stuttering were included. Pauses are marked in the transcriptions with square brackets and italics, for example [long pause]. Non-verbal vocalisations are recorded phonetically, for example 'errr', 'fwaah' or 'ummm'. Points of ellipses are used to convey the tempo and feel of a spoken phrase, for example 'I don't know hey... it's kinda... well hard to explain'. The use of the audio recording to identify tone, pitch, speech tempo, inflection, and other affective informations allows for the emergence of enriched meaning. Table 4, following, presents a semi-structured interview segment before coding.



Andrew: Um, that one, um...

AH, my daddy...

He comes... he don't come to me and I don't see my mother and father and my brothers and sisters.

Because why, there's always...when I , here in Valkenberg. My mother is there [points left]

my brother is there [points right]. My father is gonna be there [points behind?] Also THIS [gestures wide]. I gonna be here.

My hurt [heart] is full of pain because why, it is.. a shock for me, when I hear it.

An I sit here in Valkenberg hospital. And now, the other thing is this: I feel... I feel now strong. And also, I was ill.. but now when I come and I tell the.. the doctors, I feel like a man who can go now out. Back to my home.

The doctors don't sign it, on my lab... That that guy is, he feel, like a man who can go outside, out now.

MT: Yes yes yes...

Andrew: There in his home, where he stay.

MT: - Ja. It's tough... [Pauses] Can you tell me if you use just five words...

Andrew: [Interjects] Five?

MT: ...to say how you experienced music in this group? ...In Music Therapy - five words.

Andrew: [Afrikaans] The people were very good. [Stops talking]

MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy...

Andrew: [Afrikaans] The men in the Music Therapy together with me, because the singing was very ...

for me, happiness. Because men also get a gang, comes up with music, men.

MT: [Afrikaans] OK so one word there is 'sing'...

Andrew: [Afrikaans] Sing?

MT: [Afrikaans] Yes

Andrew: [Afrikaans] From the gang .. From the gang. [*Unintelligible*]... What [English] makes music ... And other, other times, long time ago in his ears. That have ... for, for, for ... [Afrikaans] how can I say it in English .. he forgot it?

MT: Hmmm.. Vergeet dit: he forgot it.

Andrew: He forgot.

MT: - Can you tell me about what kind of music we played, in the group?



Andrew: It was rock n Roll, it was underground, it was, it was blues. It was jazz. It was, was... also... the last one...the people can, can, can ... um that was gospel. Gospel! That's the one. Gospel.

Table 4: Semi-structured interview segment before coding (SI6, lines 29-76)

4.4.3 Quantitative data source A and B: pre-research and post-research PANSS test

All pre-research and post-research structured interviews took place within three weeks prior to the commencement, or ending, of the study respectively. The PANSS structured interview is identical for both pre-research and post-research. As mentioned the PANSS test was facilitated by Dr Roffey who, as a psychiatrist, has undergone the PANSS training to conduct the interview. The PANSS test is a psychiatric instrument designed to measure the severity of the negative symptoms, general psychopathology, and the positive symptoms of schizophrenia quantitatively.

The following describes in more detail how the PANSS test is constructed in relation to assessing negative symptoms specifically. As mentioned in the literature review the PANSS test examines seven manifestations of the negative symptoms (please see chapter 3.6.2). Each manifestation is labelled as successive items N1, N2, N3, N4, N5, N6, and N7 (see table 5). The 'N' represents negative symptom. Each item is scored by the interviewer according to seven levels of increasing psychopathology. These levels are 1=Absent, 2=Minimal, 3=Mild, 4=Moderate, 5=Moderate severe, 6=Severe and 7=Extreme. According to the PANSS Scoring Criteria (1987), the scores for these scales are determined by summing the ratings of all the items. The lowest possible summation is 7 and the highest 49.

The interviewer determines which level of psychopathology applies to each item. For instance if an item is absent, it scores 1. If that same item is present, its severity must be determined by referring to the scoring criteria. The PANSS scoring criteria (appendix G) lists the following as *general* determinants for the incremental levels of symptom severity (these are called anchoring points):

- A rating of 1 (absent) indicates the item is not present in the functioning of the patient.
- A rating of 2 (minimal) denotes questionable, subtle or suspected pathology, or it also may allude to the extreme end of the normal range.



- A rating of 3 (mild) is indicative of a symptom whose presence is clearly established, but not pronounced and interferes little in day-to-day functioning.
- A rating of 4 (moderate) characterises a symptom which, though representing a serious problem, either occurs only occasionally or intrudes on daily life only to a moderate extent.
- A rating of 5 (moderate severe) indicates marked manifestations that distinctly impact on one's functioning but are not all-consuming and usually can be contained at will.
- A rating of 6 (severe) represents gross pathology that is present very frequently, proves highly disruptive to one's life, and often calls for direct supervision.
- A rating of 7 (extreme) refers to the most serious level of psychopathology, whereby the
 manifestations drastically interfere in most or all major life functions, typically necessitating
 close supervision and assistance in many areas.

The instruction is to award the highest applicable rating of severity, regardless of whether the participant also meets less severe criteria for the same symptom. Following this the interviewer must utilise a holistic perspective in determining the level of severity most accurately reflected in any anchoring point, regardless of whether all the points listed are observed in the functioning of the participant (PANSS Scoring Criteria, 1987). The PANSS scoring criteria further specifies detailed points directly relating to each of the seven negative symptoms. For instance blunted affect (N1) has specific, detailed notes under each of the seven levels of severity, and emotional withdrawal too has a unique set of detailed notes for each level of severity, and so on. For the specific and complete negative symptom determinants for the incremental levels of symptom severity refer to appendix G.

Finally the psychopathology score of each of the seven items is added, and then divided by seven. The result determines an average for the presentation of the negative symptoms. The lower the final score, the less severe the negative symptoms. The example shown in Table 5 is Andrew's pre-research assessment. For blunted affect he scored N1=3, or mild severity. For emotional withdrawal N2=4, or moderate severity. The rest of the items are scored N3=3, N4=3, N5=5, N6=2, and N7=4. After summation across constituent items N=24. The summation is averaged by the number of items, 24÷7=3,4 which is the pre-research negative symptom quantification for Andrew.



Item	Negative Symptoms	Absent	Minimal	Mild	Moderate	Moderate severe	Severe	Extreme
N1	Blunted Affect	1	2	3	4	5	6	7
N2	Emotional Withdrawal	1	2	3	4	5	6	7
N3	Poor Rapport	1	2	3	4	5	6	7
N4	Passive/ Apathetic Social Withdrawal	1	2	3	4	5	6	7
N5	Difficulty In Abstract Thinking	1	2	3	4	5	6	7
N6	Lack of Spontaneity and Flow of Conversation	1	2	3	4	5	6	7
N7	Stereotyped Thinking	1	2	3	4	5	6	7

Table 5: An example scoring sheet for the PANSS structured interview. The items (N1, N2 etc) are scored by circling the relevant score along the severity continuum.

4.4.3.1 Facilitating eight pre-research PANSS tests

The PANSS structured interview takes 45 minutes, and all eight participants were interviewed twice (pre-research and post-research). In conducting the pre and post-research structured interviews Dr Roffey strictly followed the guidelines as instructed in the PANSS qualification. Each question is to be put to each client in a neutral, calm and steady manner. Dr Roffey had no interaction with the participants in the therapeutic process, and only saw the clients prior to the first session for the pre-research structured interview, in the regular ward rounds, and within three weeks after the last Music Therapy session. In this way the integrity of the two streams of qualitative and quantitative data was maintained as far as possible, only allowing integration of quantitative and qualitative data at the analysis stage of this research. The interviews took place in a private room at one of the wards. The participants were familiar with Dr Roffey through regulation ward rounds and standard psychiatric care. This familiarity assisted Dr Roffey in ensuring the participants were likely to experience a friendly and non-threatening interview environment.



The participants were made aware of both the pre and post PANSS tests before their agreement for consent was sought. The information was relayed through two avenues. Firstly through personal discussion with both Dr Roffey and myself on separate occasions. In this way all the participants were suitably informed in at least two separate discussions. Secondly the participants were handed printed information forms containing details of the PANSS interview and their potential participation (appendix B). The participants were asked to sign consent forms, and were verbally reminded prior to each interview that their participation was voluntary (appendix C).

4.4.3.2 Data preparation for quantitative data source A and B

The PANSS pretest and posttest were administered and scored as follows:

- 1. Each client was interviewed, as per the PANSS interview schedule, before and after the Music Therapy intervention. The interviews were conducted in the appropriate host ward of each participant (either one of three wards), in a quiet room. Interpreters were used to assist with some of the questions, for Samual and Tiago.
- 2. The responses to all questions were written down, and each interview was labelled with the client's name, the date, and whether it was the 'pre' or 'post' intervention assessment.
- 3. At the conclusion of the Music Therapy intervention, and after all of the interviews had been completed, the interviews were 'blinded' as follows: each interview had the name of the client, the date, and the words 'pre' or 'post' masked by a piece of paper that was attached to the interview with 'Prestik Putty'. The pieces of paper were numbered 1-16.
- 4. Sixteen scoring schedules were printed out and similarly labelled 1 16.
- 5. The interviews were then scored onto the scoring schedules, with the interview number corresponding to the scoring sheet number.
- 6. On completion, the masking pieces of paper were then removed, and so the names and information could be matched to the corresponding scoring sheets.
- 7. The scores were then transferred into an Excel spreadsheet. The spreadsheet was prepared with the names of participants across the x-axis grid, with the positive symptom subscale, the negative symptom subscale, and the general psychopathology subscale on the y-axis (please see table 6 to give an idea of the spreadsheet layout, here showing two participants Andrew and Rocco, and their scoring for the negative symptoms). The participants are listed as 1: Samual, 2: Rocco, 3: Andrew, 4: Lonwabo, 5: Tiago, 6: Thukile, 7: Larry and 8: Douglas. Each participant's name on the x-axis presided over two columns. The left-most column contained the abbreviation 'pre' and the right 'post', referring to pretest



interview and posttest interview respectively. Totals and averages of each section were included in the spreadsheet.

Dr Roffey reinforced data hygiene by double checking each number as it was entered, and repeating this to ensure its correct position on the spreadsheet. It should be noted that the full data was included, comprising the positive, negative and general psychopathology subscales. Subsequent to inserting the data, the scores for each subscale were summed and averaged. The summing and averaging was clearly marked and is shown directly below the last item of each subscale. Please see the full scoring for each participant in each subscale in appendix M.

	And	rew	Rocco		
Negative subscale	Pre	Post	Pre	Post	
Blunted affect	3	2	3	3	
Emotional withdrawal	4	2	2	2	
Poor rapport	3	2	2	1	
Passive/apathetic social withdrawal	3	2	2	2	
Difficulty in abstract thinking	5	6	2	2	
Lack of spontaneity and flow of conversation	2	3	2	2	
Stereotyped thinking	4	5	2	2	
TOTAL:	24	22	15	14	
Average	3.4	3.1	2.1	2.0	

Table 6: Spreadsheet layout example.

4.4.3.3 Analysis of quantitative data

The quantification of the negative symptoms into pre-research and post-research data allows for some general possibilities using descriptive statistical analysis. Calculating averages, totals and ranges can begin to offer insight into changes that may/may not have taken place. It is also of benefit to compare each variable across participants. Following the calculation of the mean, the central tendency was examined as well as the variability of the scores. As



mentioned, a paired samples *t*-test was conducted to assess whether the difference between pretest and posttest was significant.

Pret	test	Pos	test				
М	SD	М	SD	t	p	d	
22.86	4.02	21.86	21.86 5.76		435	0.20	
Note. Degrees of Freedom for the <i>t</i> -statistic = 6. <i>d</i> represents Cohen's <i>d</i> .							

Table 7: *t*-test results (Statistics Solutions, 2016).

Before beginning analysis of the data using the t-test, the assumptions of normality and homogeneity of variance were evaluated. To accomplish this, firstly a Shapiro-Wilk test determined whether or not difference could have been determined by a normal distribution (Razali & Wah, 2011). The Shapiro-Wilk test results were not significant, W = 0.91, p = .394. The results show that random chance was the cause of any deviations from normality, and thus normality can be assumed. Secondly, Levene's test for equality of variance determined if the homogeneity of variance assumption was met (Levene, 1960). This assumption demands that the variance of the dependent variable approximates equality in each grouping (pretest vs. posttest). The Levene's test results were not significant, F(1, 12) = 1.02, p = .331. Thus, the assumption of homogeneity of variance was met. Following the Shapiro-Wilk and Levene tests, the t-test could be conducted. As mentioned, the outcome of the paired samples t-test was not significant, t(6) = 0.84, p = .435 (Statistics Solutions, 2016). The paired samples t-test results are shown in table 6 (Statistics Solutions, 2016). Figure 2 shows the mean of A = Pretest versus the mean of B = Posttest.

Though the data shows a reduction in the negative symptoms overall, the results are not statistically significant. The reduction is also relatively small. There are a number of reasons this may be so, principal of which the length of the intervention (only eight sessions), but also the size of the sample (n=8). However, the strength of having the quantitative data when triangulating the findings is that it deepens the discussion. For instance, if the quantitative data show a beneficial change in relation to a symptom, and this accords with observations in the qualitative data, an argument could be made that group Music Therapy may impact the negative symptoms beneficially over time and in daily life. Further, scaled up research would be needed to test the argument conclusively. Alternatively, if the quantified data shows static or degraded symptomatology, yet the qualitative data suggests Music Therapy facilitates increased mental health, then Music Therapy gains meaning by affording this facilitation within the session space. Music Therapy that takes place within the paradigm created by the diagnosis, provides a space, albeit only for the duration of a session at a time, within which participants are able to experience themselves in better states of health than is the norm.



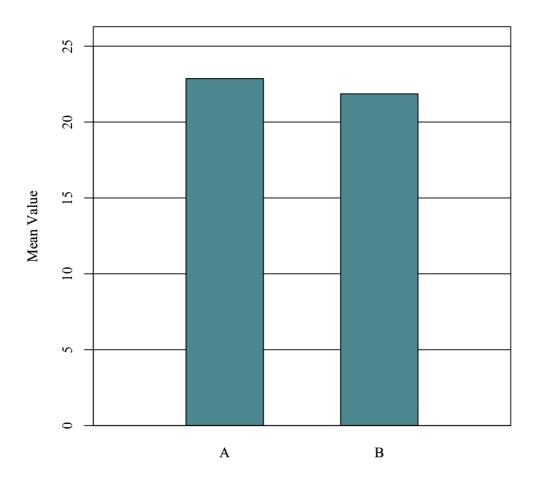


Figure 2: The mean of A = Pretest vs. B = Posttest (Statistics Solutions, 2016).

This second argument then submits that both the pretest and posttest post similar results, thereby strengthening the view that the participants' diagnosis are persistent and long-lasting. Both the scenarios sketched out above emerged within the analysis of data for this study.

The individual scores across the three subscales (positive, negative and psychopathology symptoms) are summed for the grand total. This occurs for both pretests and posttests. The grand total for the participants is shown in Table 8. If one takes Tiago as an example from row five, he showed a small increase in the severity of the positive symptoms from 12 to 13 (out of a possible score range of 1 to 49). He showed a moderate decrease for the negative symptoms from 16 to 11 (similarly 1 to 49 score range), and finally a moderate decrease in the general psychopathology symptoms from 31 to 25 (score range 1 to 112). The grand total sees Tiago drop from 59 to 49 out of a possible score range of 1 to 210. Tiago has therefore experienced a 17% decrease in the positive, negative and general psychopathology symptoms of schizophrenia according to the PANSS test.

Even though the central tendency — means of the pretest and posttest also indicate a slight increase from 65.1 to 66.5, two participants contributing the largest increases were both experiencing relapses during the course of the study. The PANSS test shows both increases



mainly occurred over the general psychopathologic subscale, and much less so on the positive and negative subscale. Andrew increased from 37 to 49 on the psychopathology subscale, and Thukile increased from 24 to 38 on the same subscale. Andrew's grand total went from 82 to 95, giving him 16% more severe, complete symptoms of schizophrenia. Thukile's grand total increased from 57 to 78, giving him 36% more similarly. Their relapsing had begun before the study commenced, and shortly after the Music Therapy ended, it worsened more rapidly. Medical and general care alterations have since been made to address this. Note the mean here refers to the 'average' score for all participants across all symptoms.

			Positive subscale			_	ative scale	psycho	neral pathology scale	Grand total		
	Participants	Pre	Post	Pre	Post	Pre	Post	Pre	Post			
1	Samual	14	10	24	25	26	31	64	66			
2	Rocco	17	10	15	14	30	31	62	55			
3	Andrew	21	24	24	22	37	49	82	95			
4	Lonwabo	8	9	8	8	22	24	38	41			
5	Tiago	12	13	16	11	31	25	59	49			
6	Thukile	14	19	19	21	24	38	57	78			
7	Larry	12	9	14	15	27	23	53	47			
8	Douglas	21	21	40	37	45	43	106	101			
(A)	Central Tendency - mean (Average of symptoms summed)		14.4	20	19.1	30.2	33	65.1	66.5			
Central Tendency - mean (Average per- symptom score)		2.1	2	2.9	2.7	1.9	2	2.17	2.21			

Table 8: Grand total of all three subscales, with means. The means comprises the total score divided by the number of symptoms (7).

It is possible to determine the largest change across all subscales, between pretest and posttest, as shown in table 8. The calculation shows that, of the three subscales, the greatest change occurs in the negative symptoms, with a 0.2 decrease in severity. Considering the



therapeutic aims in the current research specially focussed on facilitating negative symptom improvement, the result may indicate affordances of Music Therapy.

Focussing in on the negative symptoms, The n=8 central tendency means for these are indicated in table 9. The table shows the score of each participant expressed as a pretest or posttest total, and the same as central tendency means. The central tendency means gives the average severity across the seven symptoms scored across all participants. To further illustrate this the negative symptom total scores of severity are each divided by 7 to get the central tendency mean of severity of symptoms, because each subscale contains seven symptoms. Likewise the general psychopathology subscale is divided by 16, because it contains sixteen symptoms. Therefore the mean is calculated by dividing the total by 7, giving the average across seven symptoms. Taking Samual as an example, all seven of the negative symptoms were scored according to severity. Each of the seven scores were then summed, giving a total of 24. In order to calculate the central tendency mean of the severity of the combined symptoms score, the total of 24 is divided by 7. This gives a central tendency mean of 3.4. Following similar computations the pretest central tendency mean of n=8 is 2.9. The posttest central tendency mean of n=8 is 2.7.

P	articipants	Pretest Total	Pretest mean	Postest Total	Postest mean
1 Samual		24	3.4	25	3.6
2	Rocco	15	2.1	14	2.0
3	Andrew	24	3.4	22	3.1
4	Lonwabo	8	1.1	8	1.1
5	Tiago	16	2.3	11	1.6
6	Thukile	19	2.7	21	3.0
7	Larry	14	2.0	15	2.1
8	Douglas	40	5.7	37	5.3
Combine	d Pretest Total	160			
Central 1 Combine	Tendency - mean d pretest		2.9		
Combine	d Postest Total			153	
	Tendency - mean d Posttest				2.7

Table 9: The pretest and posttest scores per participant, for the negative symptoms.

As mentioned, the central tendency mean pretest score for the severity of negative symptoms for all participants was 2.9, with a range of 6. The central tendency mean posttest



score for the severity of negative symptoms for all participants was 2.7, with a range of 6. Expressed as a percentage, the negative symptoms were measured at being present in all participants with a 48% severity, across all the participants prior to the Music Therapy intervention. The percentage given presupposes a continuum of severity where 0% represents no symptoms, and with 100% extreme severity. This is simply the PANSS severity scale of 1 - 7 expressed as a percentage. After the Music Therapy intervention the negative symptoms were measured at 45% severity across all the participants. Thus, the negative symptoms dropped by 4% across all participants after the Music Therapy intervention concluded.

Table 10 shows the individual scores across all negative symptoms. At first glance it is clear that there is little change from pretest to posttest scores. The only participant to be scored identically pre and post-intervention is Lonwabo who scored eight in both tests.

		PARTICIPANTS															
			1	2	2	;	3	4	4	5	5	(Ĝ	-	7	,	8
		Sa u	ım- al	Ro	ссо		An- drew		Lon- wabo		Tiago		ıkile	Larry		Doug- las	
		Pr	Ро	Pr	Ро	Pr	Ро	Pr	Ро	Pr	Ро	Pr	Ро	Pr	Ро	Pr	Ро
	NEGATIVE SUBSCALE																
1	Blunted affect	3	3	3	3	3	2	1	1	2	1	2	1	2	3	6	6
2	Emotional withdrawal	2	2	2	2	4	2	1	1	2	1	2	2	2	2	5	4
3	Poor rapport	4	4	2	1	3	2	1	1	2	1	2	1	2	2	6	5
4	Passive/apathetic social withdrawal	2	2	2	2	3	2	1	1	4	3	2	2	1	2	5	4
5	Difficulty in abstract thinking	5	5	2	2	5	6	2	2	3	2	5	6	3	2	6	6
6	Lack of spontaneity and flow of conversation	4	5	2	2	2	3	1	1	1	1	2	3	2	2	6	6
7	Stereotyped thinking	4	4	2	2	4	5	1	1	2	2	4	6	2	2	6	6
	Total	24	25	15	14	24	22	8	8	16	11	19	21	14	15	40	37
	Average		3.6	2.1	2.0	3.4	3.1	1.1	1.1	2.3	1.6	2.7	3.0	2.0	2.1	5.7	5.3

Table 10: Participant scores across the negative symptoms.



Samual, Rocco and Larry (columns one, two and seven respectively) were all scored with a one point difference across all symptoms. Samual increased from a total of 24 to 25, Rocco from 15 to 14, and Larry from 14 to 15. Regarding Samual, the only change picked up by the PANSS test is a slight increase from 4 to 5 for the symptom 'lack of spontaneity and flow of conversation'.

On the day after the posttest, Larry was to go on a more extended period of leave from Valkenberg. He was going home for the first time after a long period of rehabilitation, having worked his way from a long stay at a maximum security ward, to his present minimum security ward. He had also expressed his strong desire to go home in the Music Therapy sessions, concurrently to the leave confirmation coming through. I found his slight increase in blunted affect and passive/apathetic social withdrawal compelling because one might expect some lessening of the severity due to going home. Some excitement and a good mood at this prospect would seem reasonable, yet his scoring indicates otherwise.

Negative Symptoms	Total /	All part	icipants	Variability	
Negative Symptoms	Average	Pretest	Postest	variability	
Blunted Affect	Total	22	19	14%	
Biunteu Allect	Average	2,8	2,4	(Decrease)	
Emotional withdrawal	Total	20	16	20%	
Emotional withdrawal	Average	2,5	2,0	(Decrease)	
Poor rapport	Total	21	17	19%	
Роогтарроп	Average	2,6	2,1	(Decrease)	
Passive/apathetic social withdrawal	Total	20	18	10%	
r assive/apathetic social withdrawai	Average	2,5	2,3	(Decrease)	
Difficulty in abstract thinking	Total	28	31	11%	
Difficulty in abstract triffking	Average	3,5	3,9	(Increase)	
Lack of spontaneity and flow of	Total	20	23	15%	
conversation	Average	2,5	2,9	(Increase)	
Stereotyped thinking	Total	25	28	12%	
Stereotyped trimking	Average	3,1	3,5	(Increase)	
AU (1	Total	160	153	4,02% (Overall	
All negative symptoms - All participants	Average	22,86	21,86	Decrease, SD)	

Table 11: The distribution of scores for the negative symptoms.



Tiago shows the greatest drop in score for the negative symptoms, scoring 16 preintervention and 11 post-intervention. Tiago shows an average decrease of one score per negative symptom, indicating a wide ranging improvement, though very small incrementally.

Table 11 gives the distribution of scores for the negative symptoms. Out of the seven measured symptoms four show a decline over the period of the study, while three show an increase. The four showing the decrease are blunted affect (14% decrease), emotional withdrawal (20% decrease), poor rapport (19% decrease), and passive/apathetic social withdrawal (10% decrease). The three showing an increase are difficulty in abstract thinking (11% increase), lack of spontaneity and flow of conversation (15% increase), and stereotyped thinking (12% increase).

The quantitative data shows that there was no significant change to the negative symptoms of schizophrenia along the severity continuum, as evidenced by the paired sample t-test result, t(6) = 0.84, p = .435. In light of the very small sample size this is not disheartening and a larger study is highly recommended. Although the changes seen in the quantitative data were small, the qualitative data analysis revealed that meaningful therapeutic outcomes were afforded during the intervention. The qualitative data that emerged suggested the Music Therapy offered worthwhile contributions in addressing the negative symptoms. What becomes meaningful, then, is to integrate the findings from the quantitative data analysis and the qualitative data analysis and to explore them in relation to one another. This reveals further potentially useful perspectives. The following section will focus on the analysis of the qualitative data.

4.5 Qualitative data analysis

Thematic analysis is a method of determining, analysing and compiling themes in a data set (Braun & Clarke, 2006:79). Thematic analysis is effected by juxtaposing the contents of the data produced in order to categorise the emergent themes (Braun & Clarke, 2006:89). The starting point for this form of analysis is coding. Qualitative data coding is the assignment of a single word or short phrase that "symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data" (Saldaña, 2015:3). This is similar to coding as described by Ansdell and Pavlicevic (2001:150), where the relevant code indexes the data from which it is derived. The technical procedure for coding employed in this study is identified as open coding by Gibbs (2007:43-50). The coder does not filter the data through a theoretical lens. Rather, the codes are derived in close relation to the data itself. The coding procedure can, thus, be identified as data-driven. The open coding system of the qualitative data sources in this study enabled a systematic and comprehensive analysis.



I coded the texts in their chronological order. I coded the semi-structured interviews (SI) in the following order: SI1 (Lonwabo), SI2 (Samual), SI3 (Larry), SI4 (Tiago), SI5 (Thukile), SI6 (Andrew), SI7, Rocco, and SI8 (Douglas). From time to time I coded TD's and the SI's concurrently, but only when revisions became necessary.

4.5.1 Coding thick descriptions

The thick descriptions (TD1, TD2 and TD3) were imported into prepared coding tables. These tables had a number of characteristics. The table contained two columns, with the text on the left side, and the right reserved for coding. Each line of text was numbered on the far left so each code could directly reference the data it is developed from. In other words, the code itself always has a data indicator referencing its source. For example, if a code references thick description one, lines 125, 126, 127 and 128, the code itself is written 'TD1:125-128 a) *Inter-communicative music making*'. An 'a)' refers to that code being the first from a segment of text, and 'b)' would be the second code generated from the same text. The code itself is: *Inter-communicative music making*. If there was a section of text that was particularly rich in meaning or activity, a number of codes were needed to adequately convey this, for instance:

TD1:19-21 a) Relatively flat vocal delivery

TD1:19-21 b) Spoken word to song TD1:19-21 c) Melodic phrasing

Whether or not there is more than one code per segment of text, all TD start with 'a)'; accordingly 'a)' does not imply there is a 'b)'.

Please see table 12, following, for an example of a coded thick description. Codes were at times *in vivo* (Saldaña, 2015:5), meaning that the code fully or partially quotes a participant. *In vivo* codes are marked in parenthesis to indicate a participant's spoken word. Music Therapy student is abbreviated as 'MT' throughout the thick descriptions. This abbreviation is used to convey thoughts or actions in the text directly related to the Music Therapy student. 'MT' is placed before a code only to make differentiation easier in analysis, not to elevate 'MT' to a more important position than the participant (who is named following the code where necessary). Music Therapy is abbreviated to 'MTy:'



Line No.	Thick Description One TD1	Codes
TD1:38	the final phrase of the	TD1:38-39 a) Melodically organised -
	section of song is sung. The contour	ends on tonic
TD1:39	and cadence of the melody leaves no	TD1:38-39 b) MT: encouragement
	doubt as to the ending, the tonic note of	
TD1:40	chord one. Douglas decides he has	TD1:39-40 a) Musically meaningful
	finished, and stops playing. Rocco is	ending b) Agency
TD1:41	looking at Douglas, and acknowledges	TD1:40-42 a) Soloist elicits individual
	each passing phrase of singing with a	response
TD1:42	slight head movement. Rocco is silently	TD1:42-43 a) Affirmation of another's
	watching, but he punctuates the end	expression
TD1:43	of Douglas's fourth and final phrase with	TD1:43-44 a) Sensitivity to mutuality of
	an affirmative djembe hit. He follows	the space
TD1:44	the hit by a simple rhythm, immediately	TD1:44-47 a) Cohesion of expression
	softer and more retreating. Rocco's	TD1:44-47 b) Extension of creative
TD1:45	first hit marks the beginning, or at least	expression
	the appropriate point of continuation of	TD1:44-47 c) Willingness to join
TD1:46	the song itself. It makes musical sense for	
	him to play at that point in time, if	
TD1:47	Douglas had chosen to continue or repeat	
	the song.	
TD1:48	The quieter playing after the initial hit is	TD1:48-50 a) Withstand surprise
	accompanied by a quick glance up at	without stopping
TD1:49	Douglas, like he was taken by surprise	
	that Douglas did not begin singing	
TD1:50	again. He does not stop playing. At the	TD1:50-51 a) Synchronous co-
	very same moment as the drum hits,	operation
TD1:51	Lonwabo begins playing a lively	TD1:50-51 b) attunement
	xylophone melody, using both hands and	TD1:50-51 b) Increased vitality
TD1:52	nodding his head to the beat. He plays	TD1:50-51 c) Soloist initiates
	using the right hand to state the	contribution
TD1:53	leading rhythmic, and leading melodic	
	motif, whilst the left hand supports by	
TD1:54	adding grace notes sparsely. Rocco	TD1:54-55 a) Continuation despite
	continues the rhythm, and is steady but	'interference'
TD1:55	clearly drops in volume as the MT speaks	
	into the musical space. The MT	
TD1:56	says thank you to Douglas for his solo.	TD1:55-56 a) Inter-personal
	Douglas gives a 'thumbs up'.	affirmation (soloist and MT)



Line No.	Thick Description One TD1	Codes
TD1:57	As if in response, Andrew, Tiago, Rocco play slightly louder, a kind of flourish	TD1:57-58 a) Participant initiated expression
TD1:58	during the 'thumbs up' exchange. The music is building, with Rocco setting	TD1:58-60 a) Sustained and increased coherent expression
TD1:59	the steady beat and Lonwabo improvising. The energy in the group is higher,	b) Group-directed momentum
TD1:60	there is forward momentum. Out of this more driving energy, Lonwabo playing	TD1:60-62 a) Personal initiative TD1:60-62 b) Creative autonomy
TD1:61	his xylophone emerges more prominently. Lonwabo is assuming his role as soloist	TD1:60-62 c) Self-engagement in leadership

Table 12: TD1, lines 38-63, thick description with codes.

Before coding began TD texts were read through twice so that a general overview was obtained. All TD text was coded. Each line number in the example incorporates two lines of text for purposes of easier reading here. Appendices N, O and P present the full TD1, TD2 and TD3 texts and codes respectively, with each line numbered.

4.5.2 Coding of semi-structured interviews

The transcribed text for the eight semi-structured interviews was placed in similar coding templates to the thick descriptions. Each line of text was numbered and placed in the left hand column. Each code written on the right references both the interview and the line number it is developed from. Included on the left of the page are the interview question numbers, indicating where each successive question from the interview schedule was offered to the participant. The numbers of the interview schedule questions are listed in the 'IQ' column.

Italics in the interview text denote special emphasis, or unusual inflection on a word. Italics in square brackets indicate participant physical movements or other noteworthy phenomena, for example [singing], [makes a fist] or [long pause]. Square brackets were also used for interjections by the MT or the participant, superimposing the original speaker's continued speech. For example [Douglas: Ja!]. If the interjection was more than a few words [Interjecting] is placed before the text. Square brackets were also occasionally used to clarify meaning when, in my opinion, an ambiguous or wrong word was expressed or missing — however in all cases the original is left untouched. For example: He spun [climbed] out of the tree. For language switching within the interview, like English to Afrikaans, square brackets



were used to denote upcoming translated text, for example [In Afrikaans]. Table 13 illustrates an example of the semi-structured interview coding.

IQ	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE Participant: Larry Date: 10 May 2016	CODES
1.1	SI3:1	MT: - How have you experienced making	Questions start after greetings
	SI3:2	music together in the sessions?	and pleasantries
	SI3:3	Larry: It's good	a) Genuine feeling, immediate response (Larry/SI3:3)
			b) MTy: Good experience (Larry/ SI3:3)
	SI3:4	MT: Tell me a bit more about why it's good?	a) Returns to fairly blank affect (Larry/SI3:4)
	SI3:5	Larry: I like to play the drums.	a) Sighing, effortful (Larry/SI3:5)b) MTy: Enjoyment of drumming (Larry/SI3:5)
1.2	SI3:6	MT: What stands out for you more? What	
	SI3:7	makes it good, is there anything that you remember?	
	SI3:8	Larry: Yes I remember the songs. [MT:	a) Responsive, but talking softly
		Pardon?] I remember the songs.	with flat tone (Larry/SI3:8)
			b) MTy: Songs memorable (Larry/ SI3:8)
	SI3:9	MT: You remember the songs! (Smiling)	a) MT: Encouraging elaboration(MT/SI3:9)
	SI3:1 0	Larry: Wonderful World (Slight smile)	a) Faint, sincere smile (Larry/SI3:10)
			b) Fondness for workshopped
			group song (Larry/SI3:10)
			b) Agency in owning memories (Larry/SI3:10)
	SI3:1	MT: Yes great, would you like me to give	a) MT: Attempting to establish
	1	you a copy of that song? The one that the	rapport
	SI3:1 2	band did together [searches for lyrics sheet, hands it over]	(MT/SI3:11-12)
	SI3:1	Larry: Yes	a) Very softly spoken (Larry/SI3:13)
	SI3:1	MT: And the goodbye song, hey? [sings] 'I	
	4	believe'	



IQ	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE Participant: Larry Date: 10 May 2016	CODES
	SI3:1	Larry: 'that it's time to say goodbye' [both	a) Both singing enlivens the energy
	5	sing].	(Larry/SI3:15)
			b) Spontaneity in reminiscing
			shared experience (Larry/SI3:15)
			c) Perceptible rapport (Larry/
			SI3:15)

Table 13: SI3, lines 1-15. Semi-structured interview with codes.

The codes reference the text using the participant name, the number of the interview out of eight and the line number it is developed from. For example: a) Voice inflects, regretful feeling (Larry/SI3:17). The example shows that the code is generated from the third semi-structured interview with Larry, line 17. As in the thick descriptions the 'a)' indicates it is the first code from that line, whether or not there is a 'b)' generated by the same line. See appendix Q for the full interviews with codes.

4.6 Categorising codes

Following data codification, categories were then developed in an organic and iterative process. Codes began to be grouped according to related concepts and ideas. Each code that might represent a new idea was placed by itself until another code resonated similarly, and so on. Once all the codes had settled into groups, these groups were further organised into categories (Ansdell & Pavlicevic, 2001:150–153). The categories were then congregated according to the themes. The process of grouping, categorising, developing themes and substantiating these is described in the following section.

4.6.1 Developing categories from codes

From the two sources of data - the three thick descriptions and eight interviews - I generated the codes. The codes from these data sources were placed into one document and printed. The codes were then reviewed to gain an overview. Each code was cut out to enable the process of moving the codes into appropriate groupings. A process of placing codes in groups on a large surface could commence. The codes were gathered under relevant titles that spoke to an essential element that all the codes in that category shared. When codes appeared to share essential elements with disparate categories, I revisited the text. As all the



codes are clearly referenced, looking up the text from which they are derived was a simple process. Usually an examination of the text would resolve any ambiguity of the code's category, and it would then be more assuredly placed. Once all the codes had been laid out in clear groupings under category titles, I made note of these categories and proceeded to capture the data into electronic form.

As I was investigating whether Music Therapy offered meaningful affordances in addressing the negative syforty-fourmptoms of schizophrenia my categorising process reflected incidents where this interaction appeared to be prominent. For example, table 14 shows the codes gathered into the category Organisation, Stability and Structure.

Organisation, Stability and Structure

- c) MTy: Facilitates more organisation, when playing guitar (Thukile/SI5:100-101)
- a) Significant relating of MTy with 'stabilitated space and time' (Tiago/SI4:154-156)
- a) Rules important (Tiago/SI4:112)
- a) MTy: Affords maintenance of moderately stable state (Tiago/SI4:44)
- c) MTy: Afforded experience of stability (Tiago/SI4:154-156)
- a) Motivated to keep personal stability (Tiago/SI4:145-146)
- d) MTy: Appreciated predictability of therapy space, group 'abiding' (Tiago/SI4:142)

TD2:142-144 a) MT: Rhythmic continuity

- d) Moderate stability as the ideal mental state (Tiago/SI4:40)
- b) Associates fun with stability (Tiago/SI4:154-156)
- b) Stability a recurring, significant factor (Tiago/SI4:1-142)
- a) Invested in stability (Tiago/SI4:115-117)

TD2:242-243 a) Preconceived pattern - clarity of music expression

TD2:239-242 e) Precise execution

TD3:128-131 d) Conceptually clear

TD3:141-142 c) Lyrics and melody

TD2:162-163 a) Holds tempo

TD1:194-197 a) Patterned rhythm

TD3:147-149 c) Performed as complete

TD2:161-162 b) Predictable rhythmic feel

TD1:155-156 b) Rhythmically consistent

TD2:182-185 a) Unpredictable but steady

TD2:161-162 a) Steady quality

a) Personal enthusiasm determined by state of the group (Tiago/SI4:143)

Table 14: The category 'Organisation, Stability and Structure' with example codes.



In table 15, all forty-four categories are listed. The formation of the categories was organised through the classifying of codes according to similar meanings.

	0 1 11 01 1 111	00	=
1	Organisation, Stability and Structure	23	High Energy
2	Warmth and Safety	24	Leadership
3	MT Matching and Holding	25	MT Exploration
4	MT Support and Encouragement	26	Individuality Within Group
5	General Benefits	27	Creative Expression
6	Positive and Enhanced Thinking	28	Increased Range of Expression
7	Physical Wellbeing	29	Relational Give and Take
8	Music Therapy Experienced As Enjoyable	30	Sense of Freedom
9	Cohesion and Interpersonal Synchrony	31	Expressive Movement
10	Relational Connection	32	Variation
11	Musical Synchrony	33	Emotional Experience and Expression
12	Musical Coherence	34	Abstract Thinking
13	Complex Musicality	35	Emotional Withholding, Withdrawal and Blunted Affect
14	Learning Experience	36	Disjointed Relational Responses and Engagement
15	Communication	37	Stunted Communication
16	Positive Group Experience	38	Negative Experience of Self and Environment
17	Equality	39	Irritability
18	MT Acknowledgement	40	Stunted Musical Exchange
19	Motivation and Attentive Responsiveness	41	Lack of, or Inconclusive Change
20	Awakening	42	MT Countertransference
21	Agency and assertiveness	43	MT Communicative challenges
22	Sense of Achievement and Self-Belief	44	MT Client Safety

Table 15: Full list of the forty-four categories.



Table 16 illustrates a selection of the 44 final categories, explains the category meaning and gives some examples of codes in each. The codes sourced from interviews have the index information after the code, for example *d*) *MTy: Invokes feeling of warmth, cold without it* (*Rocco/SI7:33*). Codes sourced from thick descriptions are prefixed with index information like so: *TD2:93-96 c*) *Modelling*.

CATEGORIES	CODE EXAMPLES
Warmth and Safety How feelings of security were engendered through the Music Therapy intervention.	d) MTy: Creates a safe space, free of violent impulses (Andrew/SI6:115-121) d) MTy: Invokes feeling of warmth, cold without it (Rocco/SI7:33) c) MTy: Offers refuge for feeling, a place where emotion can be safely <i>felt</i> (Larry/SI3:95-96) a) MTy: Safe space where 'there is no violence in the joy' (Andrew/SI6:169-170) e) MTy: Affords more nurturing environment, not 'cold' (Rocco/SI7:33) b) MTy: Space of no correction (Thukile/SI5:35-37) d) MTy: Affords emotional comfort (Lonwabo/SI1:117)
MT Matching and Holding Observances of the Music Therapy student facilitating therapeutic intervention through musical matching and holding	TD1:35-38 d) MT: Following the leadership TD2:93-96 c) Modelling a) MT: Intuits possible miscommunication, and rephrases (MT/SI2:53-54) TD2:26-28 b) MT: Secure therapeutic space a) MT: Interpreted as preference of no response (Samual/SI2:42) a) MT: Offers example as stimulus (Larry/SI3:18-19) a) MT: Respectful request (Douglas/SI8:99-100)TD2:24-25 b) MT: Prevent session 'hijack' a) MT: Attempting to suggest link to music (Andrew/SI6:247) TD2:26-28 b) MT: Secure therapeutic space
General Benefits Where Music Therapy is seen or described as generally beneficial	b) MTy: Continuation seen as beneficial (Larry/SI3:110) a) MTy: reiterates suitability for people that understand (Andrew/SI6:295-298) a) MTy: Recommended for others (Douglas/SI8:144) a) Music as helpful in other aspects of life (Larry/SI3:107) a) MTy: Beneficial in different contexts (Thukile/SI5:123) a) MTy: Benefit to others (Larry/SI3:120) b) MTy: 'Fine' (Tiago/SI4:2) b) MTy: Worthwhile for others (Thukile/SI5:120-122) a) MTy: As beneficial (Lonwabo:SI1:213-198)



CATEGORIES	CODE EXAMPLES
Cohesion and Interpersonal Synchrony Tracks moments or periods where there was a strong sense of cohesion and interpersonal synchrony whether during musicing, verbal or other interaction	TD3:229-231 c) Group cohesion TD2:209-212 b) Group synchrony (brief) a) MTy: Affording group unity c) MTy: Affords combination into a unit (Lonwabo/SI1:131-132) a) Feels a part of the group (Tiago/SI4:86) a) MTy: Affords new experience in a unified group (Lonwabo/SI1:140-141) c) MTy: An inclusive group experience (Tiago/SI4:58-61) a) Sharing culture among participants (Lonwabo/SI1:161-162) TD1:128-131 a) Group shared intent TD3:186-190 c) Singular purpose TD1:192-193 b) No leader
Complex Musicality Where the activity of musicing reaches an unusual level of complexity whether in the solo or group context	TD2:174-177 c) Complex syncopation TD3:92-95 b) Complex beat TD1:19-21 c) Melodic phrasing TD3:95-100 a) Bass/treble texturing TD3:67-68 a) Participants navigate difficult music TD2:126-131 d) Relationship of three's TD2:245-246 c) Alters sonic landscape TD3:131-134 a) Brim-full textural/rhythmic complexity TD3:162-163 a) Conceptually rich
Negative Experience of Self and Environment Where there is an experience of negativity to do with external life, as well as in psychic internal life.	a) Profound loss of sociality and mutual human connection (Lonwabo/SI1:114-116) TD3:227-229 b) Infringing on others TD2:35-37 a) Confused about explanation a) medication impacted thought processes (Lonwabo/SI1:94-95) b) Comparative mindset (Rocco/SI7:76) b) Giving up quality, shaking head (Samual/SI2:30) TD2:54-56 a) Incredulous expression a) MT: Notices discrepancy in pr
MT Communicative challenges Where the Music Therapy student experiences difficulty in communicating with a group or participant	a) MT: 'Spiritual' as in not physical, elusive in discussing (MT/SI7:58) MT: Unsure of meaning (Thukile/SI5:30-32) a) MT: Referring to the 'difficulty' expressed (Andrew/SI6:152) a) MT: Ascertain thinking behind statement (MT/SI2:56-57) a) MT: Unsure of client's meaning (MT/SI7:33)



CATEGORIES	CODE EXAMPLES
Relational Give and Take Where an ebb and flow of interaction between participants is detected, with elements of a symbiotic relationship	b) MTy: Mutuality of musical exchanges, turn taking (Thukile/SI5:19-20) a) MTy: Process of following each others music (Thukile/SI5:108-113) c) MTy: Openness to learn from others (Lonwabo/SI1:51) TD1:108-110 a) Fellow participant musically addressing perseveration TD3:15-16 a) 'Sing and be sung to' a) MTy: More willingness for interactivity (Larry/SI3:74) a) MTy: Affords communication (Thukile/SI5:81-84)
Expressive Movement How participants use their bodies in the process of musicing.	TD3:95-100 d) Flourish both hands TD2:8-10 a) Emphatic gesturing TD3:59-66 c) Head to pulse TD2:7-8 b) Non-verbal communication TD2:234-236 a) Nods to beat TD2:121-124 c) Nodding to pulse TD2:209-212 a) Nodding to music TD2:37-38 a) Springs up in response
Motivation and Attentive Responsiveness When motivation actioned or described, including the willingness to reciprocate	b) MTy: Reframes therapeutic space as a listening environment (Larry/SI3:51-52) a) MTy: Requires devotion, devotional quality (Lonwabo/SI1:49) b) Interest in attending (Lonwabo/SI1:66-68) a) MTy: Motivates attentiveness, and an inner gesture of modesty (Lonwabo:SI1:196-197) b) MTy: Enhanced motivation generally (MT/SI7:135) a) Motivated to keep stability (Tiago/SI4:145-146) b) MTy: Motivational in further creativity (Rocco/SI7:153-154)
High Energy Indications of a high or increasing energy both in musicing and in other environments	TD1:80-83 d) Building musical momentum TD2:93-96 b) Animato TD2:65-67 d) Increasing volume TD1:23-25 a) Pacy vocal delivery (though still flat) a) MT: Tiago last to leave session, playing all the while, smilling, energetic (Tiago/SI4:50)

Table 16: Examples of how the codes inform meaning in the categories.



4.7 Developing themes

A further process of reviewing and ordering the 44 categories showed that they were able to be placed under six themes. Following is a concise deliberation on how the categories speak to the following six themes: Holding; Positive Experiences of Music Therapy; Togetherness; Inflexibility; Flexibility; and, lastly, Activation. Please see table 17 for the complete list of themes.

THEMES	CATEGORIES	
	1	Organisation, Stability and Structure
4 HOLDING	2	Warmth and Safety
1 HOLDING	3	MT Matching and Holding
	4	MT Support and Encouragement
2 POSITIVE	5	General Benefits
EXPERIENCES OF	6	Positive and Enhanced Thinking
MUSIC THERAPY	7	Physical Wellbeing
MOOIO THERAIT	8	Music Therapy Experienced As Enjoyable
	9	Cohesion and Interpersonal Synchrony
	10	Relational Connection
	11	Musical Synchrony
	12	Musical Coherence
3 TOGETHERNESS	13	Complex Musicality
3 IOGETHERNESS	14	Learning Experience
	15	Communication
	16	Positive Group Experience
	17	Equality
	18	MT Acknowledgement
	19	Motivation and Attentive Responsiveness
	20	Awakening
4 ACTIVATION	21	Agency and assertiveness
4 ACTIVATION	22	Sense of Achievement and Self-Belief
	23	High Energy
	24	Leadership



THEMES		CATEGORIES
	25	MT Exploration
	26	Individuality Within Group
	27	Creative Expression
	28	Increased Range of Expression
5 FLEXIBILITY	29	Relational Give and Take
3 FLEXIBILITY	30	Sense of Freedom
	31	Expressive Movement
	32	Variation
	33	Emotional Experience and Expression
	34	Abstract Thinking
	35	Emotional Withholding, Withdrawal and Blunted Affect
O INICI EVIDU ITV	36	Disjointed Relational Responses and Engagement
6 INFLEXIBILITY	37	Stunted Communication
	38	Negative Experience of Self and Environment
	39	Irritability
	40	Stunted Musical Exchange
	41	Lack of, or Inconclusive Change
	42	MT Countertransference
	43	MT Communicative challenges
	44	MT Client Safety

Table 17: The themes with their categories.

4.7.1 Emerging themes

The first theme 'Holding' describes not only the importance of emotional security, but also how this sense of security was enhanced and favourably reoriented within the experience of Music Therapy. This theme speaks to the universal need for feeling positive reciprocity with fellow human beings (Ruud, 2013:15-19), of the need to feel one's expressions of self are warmly received in a non-judgemental, accepting, nurturing environment. A structure can be holding, and something that is highly organised or regulated can also be seen as 'holding' focus. By combining the warm qualities of acceptance and encouragement with musicing



activities that promote regulation and organisation (like group drumming, or singing a group-composed song together) opportunities for the participants to create a boundaried, positive nurturing environment are afforded. Table 18 presents the 'Holding' theme and its associated categories. For a full exposition of the forty-four categories with codes, see appendix R.

	1	Organisation, Stability and Structure
1 HOLDING	2	Warmth and Safety
I HOLDING	3	MT Matching and Holding
	4	MT Support and Encouragement

Table 18: Theme one - 'Holding', with categories

All participants described Music Therapy as being beneficial for them, and most viewed their experience as pleasurable. At times there was a real sense of enjoyment in the sessions, and this was expressed verbally. In respect to the negative symptom anhedonia this may be noteworthy. Another aspect encompassed in this theme is the experience of Music Therapy as being beneficial in thought processes, as well as thinking in a way that considers optimistic outcomes. Table 19 shows the categories for 'Positive Experiences of Music Therapy'.

2 POSITIVE EXPERIENCES OF MUSIC THERAPY	5	General Benefits
	6	Positive and Enhanced Thinking
	7	Physical Wellbeing
	8	Music Therapy Experienced As Enjoyable

Table 19: Theme two - 'Positive Experiences Of Music Therapy', with categories.

Theme three is 'Togetherness' and relates to ten categories (Please see table 20). The theme constitutes group-wide processes of experience and change through a focus on mutuality and cooperation. Within these experiences of group there is a sense of genuine communication and relational connection. The theme describes coherence interpersonally, as a function of togetherness, where the common denominator is healthy functioning with the other. The theme is intrinsically interpersonal in nature, and attracts all the categories that resonate with beneficial interpersonal interactions. Togetherness is about being individuals in cooperative interpersonal environments, where equality ensures individual parity, as well as group balance. The relationships between the MT and Participants, and the participants with each other all inform this theme through the categories it presides over.



3 TOGETHERNESS 9 Cohesion and Interpersonal Synchrony 10 Relational Connection 11 Musical Synchrony 12 Musical Coherence 13 Complex Musicality 14 Learning Experience 15 Communication 16 Positive Group Experience 17 Equality 18 MT Acknowledgement

Table 20: Theme three - 'Togetherness', with categories.

The fourth theme, 'Activation' is about the enlivening of aspects like motivation, energy, leadership and agency (please see table 21). There is a sense of awakening, as the participants hear and see themselves in different and empowering ways. Prominent in the negative symptoms is blunted affect, but this is countered in this theme through high energy and activations of personal agency.

	39	Motivation and Attentive Responsiveness
	40	Awakening
4 A CTIVATION	41	Agency and assertiveness
4 ACTIVATION	42	Sense of Achievement and Self-Belief
	43	High Energy
	44	Leadership

Table 21: Theme four - 'Activation', with categories.



'Flexibility' is the fifth theme and is in many ways opposite to the inflexibility of the next theme (please see Table 22). It is a contrasting theme that portrays aspects of the participants that are able to sustain variations healthily. Examples of variations observed are conversation that is interactive, changing topics, or changing musical tempo. The negative symptom stereotyped thinking embodies difficulties in variation. Within this theme are codes describing the MT's exploration of what might have been difficult material with the participants, but there is a feeling of flexible mutual allowance. There is variation and expression exercised in a free spirit, all of which points to a flexible state. Flexibility also refers to states of mind that can withstand variation without losing composure.

	29	MT Exploration
	30	Individuality Within Group
	31	Creative Expression
	32	Increased Range of Expression
5 FLEXIBILITY	33	Relational Give and Take
3 FLEXIBILITY	34	Sense of Freedom
	35	Expressive Movement
	36	Variation
	37	Emotional Experience and Expression
	38	Abstract Thinking

Table 22: Theme five - 'Flexibility', with categories.

Theme six is 'Inflexibility', and offers an overview of the presentation of aspects that are stagnated or overly fixed at one point (please see table 23). Both the participants and the Music Therapy student have representation in this theme. Included in this feeling of being stuck is emotional withholding or withdrawal, where there is a reluctance to engage. There is a shying away gesture, a repetitive decline of invitations of relating, wherein lies inflexibility. Included in this theme are MT experiences of inflexibility, whether accounted for by countertransference or the lack of response to therapeutic facilitations or other communications. In inflexibility there is also the sense this is not a chosen state, these are not features of being that are decided on and then played out. A sense of the severity of the mental illness is conveyed here, acknowledged and made available towards the validity of this research.



	19	Emotional Withholding, Withdrawal and Blunted Affect
	20	Disjointed Relational Responses and Engagement
	21	Stunted Communication
	22	Negative Experience of Self and Environment
6 INFLEXIBILITY	23	Irritability
	24	Stunted Musical Exchange
	25	Lack of, or Inconclusive Change
	26	MT Countertransference
	27	MT Communicative challenges
	28	MT Client Safety

Table 23: Theme six - 'Inflexibility', with categories.

4.7.2 Summary of findings – theme one: HOLDING

The category 'Organisation, Stability and Structure' embraces concepts of structure and organisation, both of which are profoundly compromised in people with schizophrenia (Breier et al., 1991:239). Somewhat paradoxically there was musical receptivity to highly structured activity, like successive turn-taking in group drumming with a steady pulse. This is not to say that there was immediate fluency and ability to organise within music performance, but rather that there are codes expressing more regulated ways of being.

I experienced difficulties in achieving trust and a therapeutic alliance with some of the participants early on in the process. This relates to initial presentations of poor rapport, blunted affect and emotional withdrawal. Yet, toward the end of the therapy period there was more of a sense of being secure in a nurtured space, making more exploration possible. One will not explore unless one feels safe to do so (Naess & Ruud, 2007:161-162). Exploring in this sense acts as a drawing out of emotional expression, as opposed to emotional withdrawal which is reclining and inward.

'Warmth and Safety' was established in the group dynamic. There are few codes in the warmth and safety category, but the expression of desire for these qualities by the participants is particularly meaningful. There was the sense conveyed that qualities of warmth were experienced by participants in the research. A participant describes the Music therapy process as 'not cold'. This seems to speak to the experience of coldness as being



the norm, and the therapeutic experience is set up as an alternative. 'MT Matching and Holding' as a further category in the theme of 'Holding' formed the basis from which I, as the music Therapy student, was able to gain trust and form the therapeutic alliance. When the participants saw that any one of their expressions, no matter how 'wild' or disorganised, was taken as a valuable expression of self, trust and sincerity began to be activated.

4.7.3 Summary of findings – theme two: POSITIVE EXPERIENCES OF MUSIC THERAPY

The first category for this theme is 'General Benefits' offering broadly advantageous perspectives of the Music Therapy experience as a whole. Seven of the eight participants expressed Music Therapy as being beneficial and worthwhile.

The category 'Positive and Enhanced Thinking' was formed by codes that indicated a higher level of functioning, where participants engaged in noticeably improved thinking. There can also be an element of abstract thinking associated with this category, and the following code — b) Medication as not the 'end of being' (Lonwabo:SI1:186-188) — is representative of an enhanced kind of thinking that was moderately abstract, inspired through discussions around the Music Therapy experience.

'Physical Wellbeing' only contains one code — b) Relief from physical illness/discomfort (Tiago/SI4:76-77) — and this refers to a suggestion that the Music Therapy experience inspired a feeling of wellness, whereas before the participant was feeling poorly. This participant had complained about not feeling well during the first two sessions, and almost dropped out of the study. Of note is the fact that during all the sessions, from one to eight, he was always the last to leave after the goodbye. He would be engaged in a flurry of playing activity, of a high energy and joyful spirit. It was common for Tiago to leave smiling and laughing, whereas he would have entered with a withdrawn, sullen and reluctant presentation.

The category 'Music Therapy Experienced As Enjoyable' contains a large number of codes (eighty-eight), all expressing something about the joy of making and experiencing music in Music Therapy. For people with the negative symptoms of schizophrenia, where the diagnosis specifically denies the ability to feel pleasure or joy, experiences of the participants in the Music Therapy context were different. Furthermore It must be factored in that the participants are also state forensic patients, which constitute additional challenges to feeling enjoyment. Though enjoyment is at the core, this category blends in other feelings like satisfaction, equality, communication, reflection and wellbeing. There are twelve codes where the participants link their experience of Music Therapy with a heartfelt expression through using the word love. This expressive outpouring is at odds with both the poor rapport, blank



affect and emotional withdrawal that the same participants so clearly present with in everyday circumstances.

4.7.4 Summary of findings – theme three: TOGETHERNESS

The category 'Cohesion and Interpersonal Synchrony' contains codes that describe instances of relating, which can be described as a dialoguing between minds, allowing rich meaning to be generated (Pavlicevic, 1999:88-89). An incidence of this kind of cohesion occurred in the last session, where two participants were each playing a guitar (myself and Samual). The group was also involved in keeping a steady predictable rhythm. The two guitars played together synchronously for a while, but then there was a further development. The sound of two guitars became the sound of one, as if a single instrument played. This is not to say the rhythmic patterns or chordal sequences were identical, in fact they were widely contrasting. Rather the execution of interplay became indistinguishable between participants. The imagined barrier between leader and follower, or initiator and respondent, disappeared into cohesive mutual expression. This is not to say that individuality disappeared, but rather that the two individuals entered into a highly refined state of relating and mutual expression.

The category of 'Musical Synchrony' also appears in this theme, and this relates exclusively to the expression of attuned musicing. Here synchrony occurs directly in relation to music, and there is less dissolving of the barriers than was described earlier. 'Musical coherence' as the category name suggests, deals purely with musicing that is articulate, ordered and consistent. The codes in this category describe moments in Music Therapy sessions where there was absorbed involvement in the music being created. There are some factors that must in one or other way be present in individuals engaging in musical coherence, and examining these will give insight into the difference between expected and observed behaviours of participants with this diagnosis. Here are some of the factors:

- Personal agency in playing an instrument
- Mental organisation required for consistency, articulation, orderliness.
- Physical coordination in maintaining musical execution and direction by a more organised mental state
- A state of presence in participating with others, the opposite of withdrawal.
 Schizophrenia on the whole impairs the above factors in the participants to differing levels of severity. There is no argument that these impairments remain significantly apparent after Music Therapy. However, within Music Therapy transformation is possible where these impairments can firstly be addressed and secondly alleviated for a time. This category documents possible instances where relational withdrawal is alleviated through Music Therapy.



The category 'Relational Connection' describes a communicative space where meaningful interconnectivity featured. Quite often the codes refer to a creative space where there is openness and sharing. The codes also describe moments of transformation from what could be described as relational disconnection, towards a more connected state. This category also suggests where relational withdrawal is lessened through Music Therapy, in common with 'Musical Synchrony'. However emotional withdrawal is now included here. The category 'Complex Musicality' relates to an elevated musical expression that features a degree of intricacy. Only codes that indicated some degree of coherence in complex musicing were selected.

'Learning Experience' relates experiences of the participants, where Music Therapy was thought to have offered something educational, or to do with gaining knowledge in general. Some felt they almost had a resource-based intervention which taught them musical skills. This was presented as a worthwhile personal augmentation which could be useful outside the confines of Music Therapy. Presenting an experience of Music Therapy in this way points to some ability for non-stereotyped thinking, especially as Music Therapy was never presented overtly as a resource-based intervention. The 'Communication' category relays instances where kinds of relating were observed or spoken of. The kinds of relating could be conceptual (as in Music Therapy affords communication), verbally between participants, or silently through gesture, eye contact and body language. All these kinds of communication document occasions where emotional withdrawal, blunted affect, relational withdrawal and conversational flow were lessened. Pavlicevic (1999:86-87) mentions a kind of interactive dialogue that affords constant flexibility in reshaping, recreating, and redefining our world. It might also be argued that for truly communicative interrelating, there has to be an element of flexibility in thinking, and thus stereotyped thinking is less present.

'Positive Group Experience' speaks to periods where the participants experienced being in a group context as pleasurable. Group activities, like writing a song in which all participants wrote lyrics, were experienced as highly enjoyable experiences. Positive experiences in a group context is highly relevant for the participants, as relational and emotional withdrawal are debilitating impairments. Experiencing enjoyment in activities where the self lies within a safe, non-judgemental and holding group environment affords the participants some attenuation of the mentioned impairments.

The category 'Equality' regards the facilitation of therapy where feelings of equality were experienced. This category relates experiences of meaningful opportunities for equality in Music Therapy. The category 'MT Acknowledgement' documents representations of acceptance and appreciation by myself of the participants. Affirming the participants in this manner built the therapeutic alliance and allowed trust to develop. Acknowledgement also conveys to the participant a sense that their output is valid, and has value. Music Therapy student acknowledgements are aimed at lessening relational and emotional withdrawal.



4.7.5 Summary of findings – theme four: ACTIVATION

'Motivation and Attentive Responsiveness' is the first category in this theme. This category documents a wide range of behaviour that could be considered motivated or responsive with purposeful intent. Eagerness to participate and attentiveness were coded as constituting motivational behaviour. Motivation references a more present demeanour, and a readiness for action. This demeanour contrasts predominantly with the diagnosis of emotional withdrawal, blunted affect, and relational withdrawal. The category 'Awakening' is similar to 'Motivation and Attentive Responsiveness'. The difference is that there are added elements of excitement, stimulation, adrenaline or high concentration. 'Agency and assertiveness' is a category with codes selected to reveal instances of the execution of initiative and willpower. The one hundred and twenty-six codes speaking to this category all show elements of taking initiative. I included only executions of agency purposely directed at effecting non-harmful change. Agency speaks to the diagnosis of the participants regarding subquestion one and two. More broadly speaking affordances of agency were built into every session in order to enable the participants to empower themselves. This is particularly relevant for the participants as they are involuntary state patients.

Another affordance that came out of the data, and was also the result of the therapeutic design, is articulated by the category 'Sense of Achievement and Self-Belief'. Activities like workshopping individual poems into one group song, or featuring all the participants as drum soloists, were designed to facilitate this. A sense of self-confidence and an assured manner is severely impaired by the negative symptoms of schizophrenia. The appearance of these qualities within the Music Therapy sessions contrasts diagnostic features referred to in subquestions one, two, three and four. 'High Energy' is derived from codes expressing raised liveliness, vigour and vitality.

With these codes I was careful not to include any participant activity that might be loud or accelerated, but was also perseverative. The musical term apt for this category is crescendo, and indicates a peak to a particular performance or activity. Though this category does not seem to directly contrast any of the subquestions, on the whole high energy is distinctly opposite to the generally low energy presentation of the participants. The affordance of experiences that include high energy can be seen as beneficial as an intervention for the negative symptoms of schizophrenia.

'Leadership' documents codes that relate to accepting the leadership of others or taking leadership. Accepting leadership shows an ability to take a less decisive role, as well as actively take part in something, the direction of which does not originate in you. Taking leadership indicates an ability to impact change and have others follow you. These attributes are impaired in individuals with the negative symptoms of schizophrenia, in particular emotional withdrawal,



blunted affect, relational withdrawal, conversational flow and anhedonia. The Music Therapy intervention afforded opportunities for leadership and following in order to directly address these diagnostic features.

4.7.6 Summary of findings – theme five: FLEXIBILITY

The category 'MT Exploration' shows my attempts to enter explorative territory in the interviews. Through these attempts I wanted to trial the flexibility of the participants in widening the scope of the discussion. 'Individuality Within Group' explores the nature of being an individual, but while engaged in activities that are group based. An aspect of this is when a participant may be intensely involved in their own musicing, yet still be able to play with the group music. There are elements of flexibility, not to mention cohesion, in being able to negotiate playing an instrument, as well as be in communicative contact with other participants.

Another kind of flexibility is portrayed by the category 'Creative Expression'. The codes here all report on expressions of creativity that also all contain varying elements of congruency. For this category I considered congruency an important element for creative expression, so in deciding whether a code was an example of creative expression, I would consider its congruency as one deciding factor. In this procedure I was very much aware of the role of subjectivity in making these judgements. For instance when is a melody arrhythmic and disjointed, as opposed to free-flowing and eccentric? To solve this potential dilemma, I resolved to always give the benefit of the doubt towards creative expression, knowing that a judgement on what is and what is not creative will always be entirely subjective. The fact that there was creative expression speaks to the entire set of negative symptoms expressed in the subquestions and addresses them directly.

'Increased Range of Expression' looks at times there was an increase in the scope of expression. This category also tracks where Music Therapy afforded new or different experiences of the self. This category addresses stereotyped thinking in making flexible the range of expression. 'Relational Give and Take' explores mutuality and openness. Almost all of these codes come from the thick descriptions. Turn-taking was a determining factor in the session design, in order to facilitate qualities of relational give and take. The many incidences of participant-driven relational give and take address predominantly relational withdrawal and conversational flow. This is because there might be no relational give and take with the presence of relational withdrawal. This category also shows that emotional withdrawal and stereotyped thinking are lessened.

'Sense of Freedom' conveys moments where participants expressed how they felt a sense of freedom directly related to partaking in Music Therapy. The theme of flexibility is relevant in



the way that some inner states thought to be rigid, may become more relaxed through Music Therapy facilitations. The category 'Expressive Movement' details affectively activated meaningful movement. In participants that are diagnosed with blank affect, it was relevant to track instances where there was affective changes appropriate to the environment and context. Nodding to the beat represents just such a contextually appropriate meaningful activation.

The category 'Variation' details appropriate participant initiated changes to an otherwise stable or static environment. For instance, a soloist might embellish their established theme, or a variation to a steady drum beat would be introduced. The introduction of variation offers increased opportunities to address stereotyped or inflexible thinking. 'Emotional Experience and Expression' is a category that documents moments of genuine emotional articulation. These moments can take the form of speech, music, or a heartfelt smile. The emotions are predominantly happy, but every genuine expression of emotion is captured here, including sadness or desperation. There are fifty-seven codes in this category, indicating that the participants are capable of experiencing and communicating emotion at times. Emotional expression and the experience of being sincerely moved speaks to subquestion one, emotional withdrawal and blunted affect.

The category 'Abstract Thinking' details the occurrence of thinking that is more philosophical in nature. For example, one participant relates that music for him is like the romantic partner he keenly felt the absence of since being hospitalised. The participant used the word 'like', indicating there was awareness of the abstract nature of his thought process. When Lonwabo (SI1:206) expresses the idea that he must use his time in the future wisely in a clear meaningful way, he is making use of a form of abstract thought. Abstract thinking occurrences are related to subquestion three, where the participants are diagnosed with impairment in this sphere.

4.7.7 Summary of findings – theme six: INFLEXIBILITY

The first category in this theme 'Emotional Withholding, Withdrawal and blunted affect describes these negative symptoms that participants presented in the context of both Music Therapy sessions and semi-structured interviews. This category also includes observances of uncertainty, incompletion and generally a retreating demeanour, because for the most part these are indications of an emotional rigidity. Most of the time blunted affect, emotional withholding, relational withdrawal, the lack of conversational flow, stereotyped thinking and anhedonia were features in both the sessions and interviews, which explains why there are numerous categories under this theme. The categories in this theme also serve to illustrate the very definite presence of the negative symptoms in the participants. There are, however, no TD3 codes in this first category, and it should be noted that generally the negative



features were more present in the beginning sessions than the latter ones. The intervention of Music Therapy for participants experiencing the symptoms these codes speak to, seems essential. This is so especially as the severity of these symptoms is so largely reduced during the intervention. After the participants acculturated to the process of my particular designs for activity in Music Therapy, there was less withholding, uncertainty and wilful non-involvement.

The category 'Disjointed Relational Responses and Engagement' mainly contains codes from the interviews. This may point to there being more cohesive relational interchange when participants were engaged therapeutically in music. Music Therapy offers a type of engagement where experiences of flowing and connected relating are afforded in a consistently maintained manner over sustained periods of time. In this environment, the participants seemed to experience less of the debilitation they presented with outside the sessions, for instance in the semi-structured interviews. In other words I noticed increased negative symptoms in how they engaged with me in the interviews, than when engaging in Music Therapy.

The category 'Stunted Communication' denotes areas where there is either no response, or the response is flat and toneless. Again codes from this category mainly originated from the interviews, where I had made observances of the participants responding in this way. This points to a verbally based stuntedness, and assumes much less importance in an intervention such as Music Therapy. 'Negative Experience of Self and Environment' refers to evidence of self-censoring, loneliness, self-deprecation, and feeling poorly. It also extends to negative perceptions about the environment, like being hospitalised, and the feeling of being in unhealthy surroundings. Again these negative experiences are largely dominated by codes originating in the interviews, rather than from the Music Therapy intervention. The large representation of negative experiences of self and environment is confined to the participants' daily life, and are not evidenced when involved in the Music Therapy intervention. 'Irritability' is a category made up of codes indicating annoyance in participants during Music Therapy sessions and interviews. Irritability is the closest emotion to aggression experienced in this research on the negative symptoms.

'Stunted Musical Exchange' deals exclusively with musicing that is fragmented and disorganised during the intervention. It records dissonance, intermittency, pulse drift, rushing and other expressions alluding to this fragmentation. Musicing in this manner is closely related to the diagnosis of blunted affect, conversational flow and stereotyped thinking. 'Lack of, or Inconclusive Change' refers to the situations where Music Therapy was unable to affect changes. This relatively sparsely populated category is relevant to the research question because affording experiences of greater health requires change to occur (from less to more health) and is fundamental to the efficacy of a Music Therapy intervention. The fact



that there was little data captured for this category indicates that feelings of lack of change were rare.

The categories 'MT Countertransference', 'MT Communicative challenges' and 'MT Client Safety' relate or fall under inflexibility because they relate to the therapeutic and communicative challenges experienced as the Music Therapy student in the course of the research. During my interview with Samual I experienced enormous difficulty in articulation and thought ordering. It is possible I was experiencing countertransference, as Samual displayed extreme difficulties in communication at this time. I experienced further difficulties in the communication sphere when I became unsure of participants' meaning, and my attempts at clarification freshly obstructed comprehension. 'Client Safety' refers to difficulties in ensuring a therapeutically safe environment. When Andrew, for instance, presented with increasingly fervid stereotyped thinking expressing violent thoughts during his interview, I was challenged to steer him back to the interview schedule and facilitate a therapeutically safe diminishing of his agitation.

4.8 Integration of qualitative and quantitative data

Advantageous for mixed methods research is the technique of triangulation where areas of convergence and divergence are identified. I used triangulation for analysing these two sets of data to understand how the participants responded to group Music Therapy. The overall impression from the emergent themes of 'Holding', 'Positive Experiences of Music Therapy', 'Togetherness', 'Inflexibility', 'Flexibility' and 'Activation' is that Music Therapy has had a positive impact on the negative symptoms during sessions. The overall impression from the quantitative data is that these changes had relatively slight sustained transfer, showing a 4% decrease overall between pretestting and posttesting. This apparent contrast between the two data sets bears closer scrutiny.

Qualitative data suggesting less severe symptoms presents questions in need of deliberation, because participants were scored prior to the Music Therapy, and the results show that there were negative symptoms present in all. The *mean* of the pretest scores was 2.9. This pretest *mean* is marked as 'mild' in severity in the PANSS schedule. However, this is a misleading term, because even the mild symptoms, can still be debilitating. For instance the PANSS schedule lists the following as mild for blunted affect: "gestures seem to be stilted, forced, artificial or lacking in modulation". Mild for emotional withdrawal is: "lack initiative and occasionally may show deficient interest in surrounding events." Thus, the negative symptoms as measured still compromised participants' functioning to a great degree and referral to Music Therapy was strongly recommended.



4.8.1 Holding

The theme 'Holding' in the qualitative data expresses periods where participants experienced a nurturing, comforting environment within Music Therapy, or talked about Music Therapy affording these qualities. The observed and expressed moments of Holding also allow for expressions of not feeling nurtured, and having that held therapeutically, so the participant can move towards greater health. These experiences occurred within the Music Therapy intervention. Passive/apathetic social withdrawal and emotional withdrawal are two symptoms on the negative subscale that were addressed therapeutically, as was evidenced in the 'Holding' theme. Comparing the pretest and posttest scores for these two symptoms reveals a variability of 10% (decrease) for passive/apathetic social withdrawal, and a variability of 20% (decrease) for emotional withdrawal. Even though there is a 15% decrease in these negative symptoms, methodologically the study cannot propose that Music Therapy had causative effect. However, in this case, the qualitative data supports the scenario that Music Therapy has afforded 'Holding' for the participants.

4.8.2 Positive Experiences of Music Therapy

The theme 'Positive Experiences of Music Therapy' indicates enjoyment in the creation and involvement in musicing activities in the therapeutic environment. I investigated where enjoyment might be described as missing in the negative symptoms, taking note of the quantitative data and then compared the result to the affordances suggested in this theme. The negative symptom that contrasts enjoyment is anhedonia. The PANSS test does not have this symptom on the negative sub-scale and so there is no quantitative data for it, however, aspects of anhedonia are built into the PANSS description of the negative symptoms. This theme can relate both to passive/apathetic social withdrawal and Emotional withdrawal. Just as with the 'Positive Experiences of Music Therapy', the same 15% decrease in the severity of the negative symptoms can be associated with this theme. This theme also expresses experiences and observations of positive thinking, which can be associated with addressing the negative symptom of stereotyped thinking. Stereotyped thinking is stuck and repetitive, and at odds with the type of thinking expressed in the qualitative data. The quantitative score for stereotyped thinking shows a 12% variability (increase). In conclusion the variability across these symptoms is 3% (decrease).



4.8.3 Togetherness

The theme 'Togetherness' is in close alliance with the notion of a healthy group environment. The participants expressed this notion of 'group belonging' as being a positive factor. It is possible to relate all of the measured negative symptoms to this theme. In order to investigate this possibility, I have created a table that lists the categories of this theme that apply to the entire set of negative symptoms including anhedonia. Please see table 24 for a side by side comparison of the categories and the symptoms, placed opposite each other. In other words the various categories that most address a symptom are placed next to that symptom. To avoid repetition I have not tabled all the themes and categories in the same way. As shown in table 24, the single most represented category across all the symptoms is Cohesion and Interpersonal Synchrony.

Within this theme, all seven negative symptoms have been addressed to varying degrees. It is reasonable to suggest at least a portion of the overall 4% decrease in severity can be related to this theme, because all symptoms were addressed. Further analysis suggests the single category that is most represented across all symptoms is 'Cohesion and Interpersonal Synchrony'. Therefore the category 'Cohesion and Interpersonal Synchrony' was the most associated category with the 4% decrease within the 'Togetherness' theme. Even so, the theme 'Togetherness' contains data that is felt to represent a greater beneficial shift than is reflected in the quantitative data. There may be various reasons for this. For instance the study was of a short duration. The small number of participants means that a negative finding does not refute the hypothesis, rather it suggests that a much larger scale study would be necessary to prove it. Alternatively the hypothesis may not be supported.



NEGATIVE SYMPTOMS	TOGETHERNESS
Blunted Affect	Cohesion and Interpersonal Synchrony, Relational Connection Learning Experience, Communication
Emotional withdrawal	Cohesion and Interpersonal Synchrony, Relational Connection Positive Group Experience, Equality
Poor rapport	Cohesion and Interpersonal Synchrony, Relational Connection Musical Synchrony, Musical Coherence, Complex Musicality Learning Experience, Communication, Positive Group Experience, MT Acknowledgement
Passive/apathetic social withdrawal	Relational Connection, Cohesion and Interpersonal Synchrony, Learning Experience, Communication, Positive Group Experience, Equality
Difficulty in abstract thinking	Complex Musicality
Lack of spontaneity and flow of conversation	Cohesion and Interpersonal Synchrony, Relational Connection Musical Synchrony, Musical Coherence, Complex Musicality Learning Experience, Communication, Positive Group Experience, Equality
Stereotyped thinking	Cohesion and Interpersonal Synchrony, Relational Connection Musical Synchrony, Musical Coherence, Complex Musicality Learning Experience, Communication, Positive Group Experience, Equality, MT Acknowledgement
Anhedonia	Positive Group Experience Cohesion and Interpersonal Synchrony

Table 24: The negative symptoms / category relationship for the theme 'Togetherness'.

4.8.4 Activation

The theme 'Activation' suggests qualitative affordances antithetical to the relevant negative symptoms. The negative symptoms most in need of affordances suggested in this theme are 'passive/apathetic social withdrawal', 'blunted affect', 'emotional withdrawal' and 'lack of spontaneity and flow of conversation'.

Triangulating the first symptom mentioned, 'passive/apathetic social withdrawal' with the 'Activation' theme presents a 10% decease in severity, suggesting convergence with the qualitative data. Triangulating 'blunted affect' with the 'Activation' theme presents a 14% decease, also suggesting convergence with the qualitative data. Triangulating 'Emotional



withdrawal' with the 'Activation' theme presents a 20% decrease, suggesting further convergence with the Qualitative data. Triangulating the symptom 'lack of spontaneity and flow of conversation' with the 'Activation' theme presents a 15% increase, suggesting divergence with the qualitative data. Overall the theme 'Activation' could be argued as accountable for a 7.25% drop in the severity of the negative symptoms mentioned. Again the qualitative data suggests bigger changes, and the experiences of the participants within the confines a Music Therapy space seem to be at odds with their presentation in daily ward life.

4.8.5 Flexibility

All the negative symptoms are addressed in this theme, according to the categories contained therein. Table 25 shows the negative symptoms and the categories that are most related to them. The table shows that the category 'Relational Give and Take' addresses the most negative symptoms in this theme. It is reasonable to suggest at least a portion of the overall 4% decrease in severity can be related to the theme 'Flexibility', because all symptoms were addressed. Therefore 'Relational Give and Take' was the most associated category with the 4% decrease, within the 'Flexibility' theme.

NEGATIVE SYMPTOMS	FLEXIBILITY
Blunted Affect	Creative Expression, Increased Range of Expression, Relational Give and Take, Expressive Movement, Variation, Emotional Experience and Expression
Emotional withdrawal	Creative Expression, Relational Give and Take, Expressive Movement, Emotional Experience and Expression
Poor rapport	Creative Expression, Increased Range of Expression, Relational Give and Take, Emotional Experience and Expression
Passive/apathetic social withdrawal	MT Exploration, Individuality Within Group, Relational Give and Take,
Difficulty in abstract thinking	Abstract Thinking, Sense of Freedom
Lack of spontaneity and flow of conversation	MT Exploration, Creative Expression, Increased Range of Expression, Relational Give and Take, Variation
Stereotyped thinking	Creative Expression, Increased Range of Expression, Relational Give and Take, Variation, Emotional Experience and Expression
Anhedonia	Sense of Freedom

Table 25: The negative symptoms / category relationship for the theme 'Flexibility'.



The theme 'Flexibility' is also felt to reflect considerably more therapeutic affordances than is demonstrated in the quantitative data. Some of the possible reasons for this are mentioned above in the 'Togetherness' paragraph. One of the most important affordances in this theme is represented in the category 'Emotional Experience and Expression'. Here there are 57 codes all attesting to moments of emotional expression. The negative symptom of Emotional withdrawal is the inverse to the category 'Emotional Experience and Expression' that was afforded by Music Therapy. Emotional withdrawal decreased by 20% in the quantitative data which to some degree converges with the qualitative finding.

Another important affordance is that of abstract thinking, antithetical to , difficulty in abstract thinking. Though there were Music Therapy activities designed to address difficulties in abstract thinking the qualitative results suggest more long-term Music Therapy may be needed to affect a larger impact, in that there were small improvements. The difficulty in abstract thinking increased by 11% in the quantitative data, which in some ways resonates with the less rich qualitative findings for this symptom.

4.8.6 Inflexibility

The theme 'Inflexibility' contrasts the previous theme, 'Flexibility'. The theme 'Inflexibility' contains categories that refer directly to the negative symptoms such as 'Emotional Withholding, Withdrawal and blunted affect', 'Disjointed Relational Responses and Engagement', 'Stunted Communication' and 'Negative Experience of Self and Environment'. This forms one area of triangulation with the quantitative data because the stated categories are similar to the negative symptoms. Another aspect of this theme is the challenges I faced when experiencing inflexibility in the participants and myself (MT challenges). The inflexibility relating exclusively to the participants was largely sourced from the interview data, out of the complete two hundred and six codes, one hundred and thirty-six codes came from the interviews. The remaining seventy codes mostly described stunted musicality originating from the earlier sessions. From this distribution I can infer that the negative symptoms of schizophrenia were present to a less degree of severity during the intervention of Music Therapy, and they were more severe for activity taking place outside the Music Therapy space.

The quantitative and qualitative data converge on the hypothesis that the benefits of the intervention were not seen to transfer outside the therapy space simply because both the semi-structured interview and the structured interviews took place outside of the therapeutic space, and both recorded the presence of the negative symptoms explicitly. A longitudinal full scale study is needed to see if Music Therapy can afford long term benefits to be experienced in daily life.



4.9 Conclusion

The six qualitative themes 'Holding', 'Positive Experiences of Music Therapy', Togetherness', 'Inflexibility', 'Flexibility' and 'Activation', were triangulated with the quantitative data obtained from the pretest and posttests of the negative symptoms. As described in the paired sample *t*-test there was no significant changes between the pretest and posttest, and the overall severity of the negative symptoms marginally dropped by 4% over the course of the Music Therapy intervention.

Qualitatively, the majority of sustained experiences of the negative symptoms observed were sourced from the semi-structured interviews, taking place outside the Music Therapy experience. Within the process of an average Music Therapy session for the current research, agency, leadership, togetherness and a myriad other positive affordances were evidenced. However, in ward life the participants seemed to present more negative symptoms. As an example, Tiago routinely showed reluctance to come to sessions. When I would come to request his presence in that day's session, I would find him walking around the yard continuously by himself, looking down, frowning and muttering. When that day's session was over, as mentioned, he would be the last to leave, in an exuberant, elevated, affectively activated mood. This anecdote seems to articulate the resonances and divergences between the two streams of data.

As shown in the qualitative data there was increased interrelating, increased motivation, enjoyment and agency. These affordances were not transferred to the ward, as they may have been, after a more long-term intervention. However, the affordances, as discussed emerging from the qualitative data, contributed to the lessening of the negative symptoms. The Music Therapy intervention can be seen as a valuable and worthwhile addition in the lives of the participants, especially as the affordances discussed may not be a part of ward life. A possible area of convergence is that four of the eight negative symptoms did show marginal decreases. These decreases are neither large or statistically significant, they may however point to the potential for music Therapy to have a measurable impact on the negative symptoms given a longitudinal study was undertaken.



5. DISCUSSION

5.1 Introduction

This penultimate chapter comprises my attempt to address the research question. This discussion will draw on the analysed data as presented in chapter four, in association with relevant literature as presented in the literature review. As mentioned in the methodology chapter (please see chapter 3.1.1) the approach taken by this mixed methods study is weighted towards the qualitative, while incorporating quantitative data into the findings supportively (Nagy Hesse-Biber, 2010:12). Accordingly, I will discuss the four subquestions in relation to an amalgam of qualitative and quantitative findings, with weighting and emphasis toward the qualitative data. The four subquestions will, therefore, primarily be considered in relation to the six qualitative themes, with relevant reference to the quantitative findings. The following section lists each theme with the sub-questions it addresses. Thereafter, the main research question will be addressed in concert with a summary of the following discussion in a concluding section.

As mentioned in chapter 1.3, the main research question guiding this study asks how forensic adult clients in a psychiatric hospital who are diagnosed with schizophrenia can benefit from group Music Therapy sessions in relation to their negative symptoms. The subquestions indicate the focus on the types of negative symptoms that were investigated and read as follows:

- **1.** How can group Music Therapy sessions contribute as an intervention for emotional withdrawal and blunted affect in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **2.** How can group Music Therapy sessions contribute as an intervention for relational withdrawal and conversational flow in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **3.** How can group Music Therapy sessions contribute as an intervention for difficulties in abstract thinking and stereotyped thinking in forensic clients in a psychiatric hospital diagnosed with schizophrenia?
- **4.** How can group Music Therapy sessions contribute as an intervention for anhedonia in forensic clients in a psychiatric hospital diagnosed with schizophrenia?

The sub-questions group related negative symptoms, whereas some codes and categories from particular themes apply more specifically to a single symptom. Furthermore, the quantitative data examines the negative symptoms one by one. Owing to this the discussion will, at times, apply more to one aspect of a sub-question, and this will be stated when it occurs.



THEMES	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
1 HOLDING	 emotional withdrawal and blunted affect relational withdrawal and conversational flow anhedonia 	7.3% improvement
2 POSITIVE EXPERIENCES OF MUSIC THERAPY	 emotional withdrawal and blunted affect relational withdrawal and conversational flow stereotyped thinking (abstract thinking not addressed) anhedonia 	3.4% improvement
3 TOGETHERNESS	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	1% improvement
4 ACTIVATION	 emotional withdrawal and blunted affect relational withdrawal and conversational flow anhedonia 	7.3% improvement
5 FLEXIBILITY	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	1% improvement
[6 INFLEXIBILITY]	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	Nulled
	4% improvement	

Table 26: Summary of integrated findings, showing theme / negative symptom relationship, together with the quantitative findings relating to those symptoms.



Table 26 lists the themes in the order they are discussed, the qualitative findings expressed as sub-questions addressed for each theme, and the quantitative findings expressed as the percentage of improvement calculated from the pretest and posttest results. The themes' relationship to the negative symptoms depict how the therapeutic affordances, as embodied in a theme, are specifically suited to address certain negative symptoms. By carefully considering the nature of each theme and the nature of each negative symptom, a range of themes can be appropriately related to a range of negative symptoms. The quantitative findings give the percentage of improvement of the negative symptom that is accorded to that theme. In the following discussion I will further explore and substantiate the findings presented in the table.

5.2 Theme one: HOLDING

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
1 HOLDING	 emotional withdrawal and blunted affect relational withdrawal and conversational flow anhedonia 	7.3% improvement

Table 27: Relationship of 'Holding' to certain negative symptoms and the quantitative result.

I will discuss how this qualitative theme resonates with subquestions one, two and four, and will refer to the applicable quantitative data (please see table 27). Broadly, the term Holding is used here in reference to a therapeutic approach that affords a space in which participants can feel safe, accepted, and nurtured (Pedersen, 1999:24-25). It is a space in which the therapist offers to emotionally and psychology hold, on behalf of the participant, that which may be unwell, rigid, withdrawn, angry, sad and so on. Pedersen (1999:24-25) offers insight into how facilitations of holding offer affordances of greater organisation to clients with schizophrenia. He describes how using holding in Music Therapy effects influences of greater regulation and steadiness in the presentation of his clients. Pedersen (1999:24-25) goes on to suggest that holding is also effective in achieving a sense of calm and security in the bearing of the client, which in turn commonly leads to occurrences of spontaneity, brevity or free expression. According to Goldberg et al. (1988:158), a group Music Therapy intervention can offer an environment in which the participants feel supported in their musical



and verbal expressions. One of my therapeutic aims for the current research was to facilitate activities for group holding, where the group itself became a place of safety and nurture. In the following semi-structured interview example, Andrew expresses some of his impressions of being in the group, and how he felt held in the group.

MT: ...How did you feel, you know if you look at yourself in the group? Do you feel that you are *with* the other people, that you were communicating with them musically...?

Andrew: When the, when I see them around [the] side, and, and I gonna, master is gonna be [a] star, the first man, the main man of the band, who are to recognise him, to really let it go forward, to start with the music. It's let me think about ... I think about a band around say, on me, who are back in now here by me. There's no violence. And there's no violence in the joy.

(SI6, lines 162-171)

My interview question was to do with Andrew's experience of making music in the Music Therapy group. His answer shows some evidence of disorganised thinking, but he does express himself in an earnest manner and it seems that there is clarity of intention behind his outwardly disorganised verbal presentation. The fact that he relates, in his last line, that there is "no violence in the joy" may indicate how Andrew feels a sense of refuge, safety and structure in the group. He shows awareness of and pleasure in the warm presence of others, as demonstrated in his comment, "I think about a band around say, on me, who are back in now here by me". This feeling of being held and feeling joyful can be considered in relation to the negative symptom 'emotional withdrawal' in subquestion one, because a feeling of being safely held and joyous speaks to emotional engagement. The negative symptom 'relational withdrawal' from subquestion two is relevant here because Andrew is discussing his experience of being held in and by the group. Sub-question three is addressed by Andrew's feeling of joy in group musicing.

Adjusting the lens through which this excerpt is viewed, Andrew's presentation of the negative symptoms as measured by the PANSS in the posttest (3.1), contrasted with a far healthier presentation in the last Music Therapy session just four days prior to this posttest. This is important because in this last session Andrew engaged in Music therapy activity with a greater degree of stability, organisation and structure than before, and he musically interacted far more cohesively. I suggest that Music Therapy afforded Andrew experiences of greater health than would otherwise be the case on the ward. Music Therapy offered Andrew an avenue for the experience of greater well-being.



An excerpt from thick description three (from the last session) further illustrates the difference between Andrew's presentation in the Music Therapy intervention and Andrew's presentation as scored by the posttest. Again of note is that the period of time between the last session and the interview discussed above was four days. In other words the participant presented differently within different contexts in a short space of time. The fact that the Music Therapy intervention was able to afford such a contrasting change is pertinent, because schizophrenia commonly sustains symptomatic persistence over time. Andrew has a long-standing mental illness. One would expect the presentation of negative symptoms to prevail in the intervention. Despite this, Music Therapy offered affordances of wellbeing as seen through his capacity to express himself in an organised manner. In support of this contention, following is an excerpt from thick description three:

... Andrew spontaneously begins singing words, with a formed melodic structure. Andrew's singing sounds meaningful and heartfelt, with a kind of natural voice distortion similar to the soul era (similar to the style of James Brown and Bill Withers). However, the words are not particularly clear, because the style of delivery masks them. Andrew's unfettered singing continues, striking a balance between tuneful and soulful. He also animates his hands, palms outwards, as part of the sung phrasing. It sounds almost rehearsed. The words are something like:

I say you ...

Are wonderful darling...

There is a longish gap between each line, so after 'I say you' the guitar phrase ends two bars later (with a tempo of 116 bpm), before the next line is sung. After Andrew sings these two lines for the first time, he plays a flourish on the djembe. I acknowledge and encourage Andrew's contribution by saying 'Thank you very much'.

(TD3, lines 142-156)

Andrew continues this completely improvised song in the same manner, adding layers of lyrics, but keeping the same melody (with embellishments). Andrew's musicing was highly organised, predictable and stable. He was in effect 'holding' himself, because he was creating a solid dependable musical structure that he, and the entire group became party to. His musical phrasing is notable because it is organised in strict rhythmic structure, however, with impressively large gaps (two bars long in each successive phrase). This indicates a highly formed sense of regulation and meticulous timing. This is clear as he sang fifteen lines of lyrics similarly, with a sustained, regulated pulse. One would expect the execution to break down or deteriorate with such long gaps, but it was sustained.



While Andrew was demonstrating organisation in Music Therapy sessions, the severity of his symptoms increased from the time of the pretest to the posttest The quantitative data shows the severity of the symptoms scored just four days later, with Andrew showing a 15.8% increase taken from the pretest score of 2.7 to the posttest of 3.7. The greatest increase was on the general psychopathology subscale. Even though Andrew's presentation of symptoms was worsening, as displayed in his daily life at the hospital, indicating a deterioration with regard to his illness, Music Therapy nevertheless offered him a space in which he could experience holding, with improved organisation of behaviour. Observations of increased organisation through Music Therapy in those with mental illness are reflected in the literature by Pavlicevic et al. (1994:86) and Mohammadi et al. (2012:56), though more research is needed in this area. Though Andrew has been the focus of this theme's discussion, other participants were also observed to experience similar transitions from their ward presentation to the Music Therapy intervention. For instance Samual and Douglas were both observed to engage in a way that suggested they felt safe and encouraged. Samual spontaneously and enthusiastically played guitar in the last session for a sustained period, in contrast to how he presented in the early sessions. Douglas usually presented with a very blank affect, but broke out into a smile after a group improvisation in the sixth session, and after that showed more willingness to engage.

5.3 Theme two: POSITIVE EXPERIENCES OF MUSIC THERAPY

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
2 POSITIVE EXPERIENCES OF MUSIC THERAPY	 emotional withdrawal and blunted affect relational withdrawal and conversational flow stereotyped thinking (abstract thinking not addressed) anhedonia 	3.4% improvement

Table 28: Relationship of 'Positive Experiences Of Music Therapy' to certain negative symptoms and the quantitative result.

This theme addresses all four subquestions. The theme 'Positive Experiences of Music Therapy' is most closely associated with the negative symptom of anhedonia, or the inability to feel pleasure. This in turn speaks to sub-question four. Sub-questions one and two are



less directly associated with this theme, however, taking pleasure in, or having a positive experience within a group, can reasonably be said to occur with the presence of emotion as well as social engagement. Sub-question three stands in partial relation to this theme, because the theme addresses one part of the question, namely stereotyped thinking. Please refer to table 28.

The theme contains both participants' verbal expressions of positivity towards Music Therapy, but also more subtle codes indicating suggestions of enjoyment. The literature discusses whether the lack of outward expression of positive emotion is due to not feeling those emotions, or whether there are in fact intact inner experiences of positive emotion that are masked and, therefore, not observed by others (Foussias and Remington, 2010:364). This duality of the outer versus the inner is also noted by Buchanan (2007:1019). It is argued that, though there is a diminished capacity for outward presentation of pleasure, this is at odds with inner activity. In other words, anhedonia can be seen as a "social performance deficit more than a fundamental hedonic capacity deficit" (Foussias & Remington, 2010:365).

In accordance with the literature, categories in this theme do offer fewer observations that describe the *appearance* of positive experiences in Music Therapy. However, there are other signs of an intact inner experience of positive emotion like periods of sustained playing or willingness to play a solo. The following presents an example of Samual showing pleasure in the activity of musicing in Music Therapy. Samuel presents with anhedonic features, including blank effect, relational withdrawal and emotional withdrawal. In the example it is notable that the experience Samual had of musicing concluded with him exhibiting a different, more positive demeanour, and also revealing his face clearly, which was unusual for this client:

Samual suddenly stops playing and hands the guitar to Tiago. This seems to have occurred instantaneously and without eye contact between them. The song had continued for two minutes and twenty-three seconds. Samual is smiling broadly again as he ends his turn, and carries on grinning as the changeover to Tiago happens. His cap is now sitting jauntily on his head, his face clearly visible and posture straight.

(TD3, lines 196-203)

In terms of sub-question one and two the data shows instances where the participants were observed to be taking pleasure in participation in Music Therapy. The above example demonstrates that positive experiences can lessen symptoms like blunted affect, as Samual was smiling at this point. Earlier in this same thick description Samual and Andrew shared a quick smile, with Tiago looking on, also smiling. Emotional withdrawal is also clearly suspended in this example.



A selection of examples follows from the eight participants illustrating positive experiences in music Therapy (as mentioned, Mty refers to 'Music therapy'). The content of the sentiments themselves also refers to experiences of genuine enjoyment that occurred in the intervention:

- c) MTy: Affords love of creating music (Andrew/SI6:114-115)
- a) MTy: Engenders positive feelings (Douglas/SI8:111)
- b) MTy: Makes me feel good (Larry/SI3:98)
- b) MTy: Affords sharing of beauty to others (Thukile/SI5:44-45)
- a) MTy: As cathartic event (Lonwabo:SI1:221-223)
- e) MTy: Really enjoyable (Tiago/SI4:154-156)
- c) Mty: Good overall experience (Rocco/SI7:5)
- d) MTy: Love of making music (Samual/SI2:33)

(SI, 1-8)

In terms of sub-question two, the data indicates instances where the participants describe, in the semi-structured interviews, taking pleasure participating in Music Therapy. The descriptions of a positive experience were present in the interview responses of all eight participants in this research. In relation to sub-question three, stereotyped thinking is seen to be suspended in the way the participants flexibly interact in creation of music, as in the thick description detailing the playing of Samual. The theme also presents instances where stereotyped thinking is lessened in the Music therapy session environment, evidenced by the category 'Positive and Enhanced Thinking'. In summation of the qualitative data described here, the theme 'Positive Experiences of Music Therapy' represents instances of beneficial affordances on behalf of sub-question one and two.

The quantitative data lists results for all the symptoms so far discussed, bar anhedonia. Combined as in sub-question one, blunted affect and emotional withdrawal score 17% reduction across the research period, going from 2.65 to 2.2. This suggests partial convergence with the qualitative findings. However, it must be remembered that the quantitative results are not generalisable because the intervention period of eight sessions was short, and the sample size was too small.

For sub-question two relational withdrawal and flow of conversation increased in severity by 5%, from a pretest score of 2.5 to a posttest score of 3.85. In sub-question three only stereotyped thinking is relevant, scoring a 12% increase. As mentioned, sub-question four has no quantitative result. The discrepancy between the qualitative and quantitative data not only calls for a larger statistically applicable quantitative study, it strengthens the argument that Music Therapy interventions can play a vital role in an institution like Valkenberg Hospital. Music Therapy affords experiences for the participants, even those whose illnesses are getting worse, in which the severity of debilitation is momentarily lessened. This enables the experience of a higher quality of life, which seems valuable considering the circumstances of their daily lived experience.



The enjoyment experienced can also be explored from the perspective of social justice. According to Ruger (2004:1075) theories of social justice commonly include perspectives on the unprejudiced and equitable treatment of people. Music Therapy may be an appropriate modality towards the advocation of social justice. For instance, I would argue that there is currently very little opportunity to experience joy in the everyday lives of institutionalised forensic patients with mental illness. Even if, according to this research alone, Music Therapy cannot claim to engender negative symptom alleviation for everyday life, it does appear to make a marked difference in bringing a much needed quality of experience to forensic patients engaging within the confines of the Music Therapy space.

5.4 Theme three: TOGETHERNESS

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
3 TOGETHERNESS	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	1% improvement

Table 29: Relationship of 'Togetherness' to certain negative symptoms and the quantitative result.

As expressed in the analysis chapter, this theme enables the addressing of all four of the sub-questions (Please refer to table 29). The theme 'Togetherness' represents a constellation of participant expressions and experiences, that relate to being together in a group playing music. The data demonstrated that the group in general had an affirmative group-based experience. The manner in which Music Therapy affords an affirmative group experience could also be seen as fulfilling the need of a sense of belonging. As mentioned previously the nature of the qualitative analysis in this research is data-driven, and so does not conform to the pre-existing demarcation of the sub-questions. Consequently I will draw on the subquestions and organise the information relevant to the negative symptoms within this theme as necessary.

In relation to sub-question one the 'Communication' category in this theme relates to 'blunted affect' and 'emotional withdrawal'. Both thick description and interview data record instances of communication. This collection of communicative events document occasions where emotional withdrawal, blunted affect, relational withdrawal and conversational flow were



improved. Stereotyped thinking appeared to be lessened when there was a sense of continuation and interrelation of ideas, such as occurred in a verbal dialogue, or in a meaningful musical improvisation.

Sub-question two is addressed by an examination of the category 'Cohesion and Interpersonal Synchrony'. However, all of the other subquestions are also represented in this category, bar difficulties in abstract thinking. The examples given here of the descriptions and observances in this category are generally representative of the other categories in this theme as well. The category, 'Cohesion and Interpersonal Synchrony', contains codes that not only show instances of social and musical relating, but also where relating becomes something more cohesive. Codes under this category do not only refer to musicing situations but to any interpersonal interaction where there is a cohesive flow between two or more group members. Following is an example of cohesion as described in thick description three:

Lonwabo begins playing a pattern with his shakers in a nonchalant way. At the same time Tiago pauses. The MT plays a gentle strum, Tiago responds with a single note. The MT is looking at Tiago, and vice versa. There is a pause. He strums, and the MT responds. The MT and Tiago are both playing the same chord (C), so there is a sonic similarity, a strong aural bond. As this relationship is developed, it becomes unclear where the MT is playing and where he is, or who is, responding to whom and there is a feeling of mutual expression and togetherness. At the appropriate moment, the MT encourages the participants to join in and 'lay a bed' of sound for Tiago. All the participants except Douglas start playing along, and the tempo is slightly more than before, 120bpm. Tiago plays across the higher strings, in a strumming fashion.

(TD3, lines 209 - 219)

An argument could be made that interpersonal synchrony and cohesiveness between people engaged in musicing is conversational in nature (Naess & Ruud, 2007:160-170). There is mutual engagement, there is the exchange of ideas, and there is the allowance for personal expression. In some respects, the diagnosis of impaired conversational flow is addressed through experiences of mutual cohesion and interpersonal synchrony. Stereotyped thinking as a negative symptom occurs when there is an inability to transition thoughts, accompanied by inflexible perseverative behaviour. This contrasts what occurred in an environment where cohesion was evident.

Looking at how difficulties in 'abstract thinking' and 'stereotyped thinking' (sub-question three) are addressed in this theme leads to an examination of the 'Complex musicality' category. An argument could be made that this kind of musicing requires presence of mind, highly organised thinking, and some conceptual thinking. If the participant engages in complex



syncopation within a coherent expression of music, what is taking place in the realm of thought? Perhaps this kind of engagement addresses the diagnosis of stereotyped thinking or difficulty in abstract thought. These kinds of thinking are not restricted to verbal presentations, but can also be manifest in different areas of human activity (such as musicing) as discussed in research by l'Etoile (2002:69) and Mössler et al. (2011:23). The findings of both papers suggest that cognitive changes were affected positively through Music Therapy. The findings of the current research suggests this category presents cases where stereotyped thinking is reduced, with the possibility of the difficulty in abstract thinking also reduced.

The category 'Positive Group Experience' relates comfortably with the negative symptom of anhedonia, sub-question four. Experiencing pleasure through being involved in activities where qualities like trustworthiness and nurture, as well as an environment that is nonjudgmental are cultivated, offers the participants opportunities to explore feelings of enjoyment safely. In the ward environment these opportunities seem far less available. Regular opportunities to explore their own means to greater health in a safe way would be ideal for the participants. Music Therapy offered these opportunities within the current study, however, continued regular Music Therapy sessions would increase the participants' access to opportunities for increased mental health.

Focussing on the quantitative results, as displayed in the analysis chapter, the score for all the symptoms dropped from 22.9 to 21.9, representing a 4% overall decrease. The theme 'Togetherness' represents affordances which lessened the severity of all the negative symptoms in the qualitative and quantitative data. However, the quantitative data is inconclusive, and represents a nominal decrease in severity.

The single most represented category across all the symptoms is 'Cohesion and Interpersonal Synchrony', though other categories were more directed in addressing specific negative symptoms. The affordances of 'Togetherness' appear to be a key feature in addressing the question of how group Music Therapy sessions can contribute as an intervention for the negative symptoms in forensic clients in a psychiatric hospital diagnosed with schizophrenia.



5.5 Theme four: ACTIVATION

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
4 ACTIVATION	 emotional withdrawal and blunted affect relational withdrawal and conversational flow anhedonia 	7.3% improvement

Table 30: Relationship of 'Activation' to certain negative symptoms and the quantitative result.

The theme 'Activation' collects information regarding therapeutic affordances linked with awakened capacities of drive, agency, self-determination and empowerment. The participants in this research present in daily life with these capacities being dormant or withdrawn. Music Therapy interventions were designed specifically to facilitate empowerment and agency in the participants, in short, to facilitate their 'Activation'. I will discuss how the qualitative theme 'Activation' mainly resonates with subquestions one and two, as well as referencing the applicable quantitative data (Please refer to table 30). The theme discussed here holds data representative of therapeutic affordances relating to subquestions one, two and four.

Agency is defined as the implementation of action in order to achieve a specific result (Ruud 1998:49-51). Making music (the action) allows the client to be in control at that point in time, and it can help to engender the value of self-determination. Music Therapy seeks to empower the individual to make choices out of their own freedom. There is justified emphasis on self-health regulation, creating opportunity, and putting the quality of life in the hands of the individual. An effective outcome for Music Therapy is the empowerment of the client to take action for the benefit of their own health, and to regard the individual as inextricably linked with their culture, society and environment. The concepts expressed by Ruud (1998:49-51) here, translate into creating opportunities for the participants in this research to become custodians of their own health through affordances that empower agency. If a participant can feel mastery of the music they themselves create, then it can be argued an experience of agency has been facilitated.

Whether this agency is transferable to other situations or daily life is beyond the scope of this study, though the quantitative data indicates the negative symptoms 'passive/apathetic social withdrawal' presented a 10% decease in severity, suggesting partial convergence with the



qualitative data. 'blunted affect' presents a 14% decease, also suggesting convergence with the qualitative data. 'Emotional withdrawal' presents a 20% decrease, suggesting further convergence with the qualitative data. 'lack of spontaneity and flow of conversation' presented a 15% increase, suggesting divergence with the qualitative data. Sub-questions one and two constitute the four negative symptoms just mentioned. Overall the theme 'Activation' could be argued as accountable for a 7.25% drop in the severity of the negative symptoms mentioned.

Following is a thick description that conveys an episode in the intervention where Thukile is exercising agency in a way that clearly shows he is shaping his own and the group's music, in that moment. He is exercising leadership, he is motivated in creative expression, he initiates his own singing, he is assertive and bold in his ending, and this is all realised with high energy. The 'theme 'Activation' contains six categories, four of which 'Motivation and Attentive Responsiveness', 'Agency and assertiveness', 'High Energy' and 'Leadership' are applicable in this example:

The music is directed by Thukile into yet new territory. Keeping the pattern confidently repeating on the drums, he begins to sing short phrases in a kind of chant. He looks up when he sings, eyes partially closed. It is tuneful singing, made gruff by the style of vocal delivery. The MT is playing short chord 'chops' on the guitar, in close synchrony with the drum pattern. The MT plays almost the identical rhythm to the drum solo, but the guitar chords are not only rhythmic — they also add a cycle of harmony. Andrew is nodding his head to the music. Thukile sings his chant phrases, closely fitting his drum pattern. For a brief few seconds, the group is playing at the same time, while Thukile is singing. Thukile decides to end the solo with a sudden stop, right at the end of his phrase. He comes to the end of his singing phrase, simultaneously with a drum hit, and gets up to sit down

(TD2, lines 203-214)

The way that Thukile ends the music could be considered assertive rather then disjointed or dissynchronous, because he ends it on the downbeat, in a highly musically appropriate place. This may be coincidental, but the playing and singing was cohesive enough to convince me of his purpose. The following example shows affordances speaking to the category 'Sense of achievement and self belief'. Shortly after the last session Samual presented with a severity of 5 out of a possible 7 for 'lack of spontaneity and flow of conversation' and 4 for 'stereotyped thinking' and 'poor rapport'. Please note the contrast to this in the example:



Samual firmly gestures to the MT that he wants the guitar. The MT, surprised, passes him the guitar. The guitar is one of the available instruments we can use for this activity. The aim is to support the rapper. Samual's gesture is confident and bold, very different from the demeanour he maintained just moments ago. He went from a more hidden, shy countenance, to one of almost flamboyance. As he receives the guitar a broad happy smile spreads across his face. The smile is directed at the guitar itself. He places the guitar in the playing position, looks up and smiles at Andrew, and says something while laughing out loud. This is somewhat momentous, as Samual has refrained from spontaneous behaviour. He has never as clearly motivated interaction with any participants before this.

(TD3, Line 103-113)

The example shows the participant invested in a series of healthy social and musical interactions, all following self-activated agency. The smile on Samual's face and his interaction with the MT and other participants contrasts his blunted affect; His verbal interaction and laughter contrast relational withdrawal and highlight his capacity for conversational flow. Lastly, his presentation in this activity is of enjoyment, and so is not anhedonic in nature. The provided examples are representative of the therapeutic affordances embodied in the theme 'Activation', and so sub-questions one and two and four have been addressed.

5.6 Theme five: FLEXIBILITY

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
5 FLEXIBILITY	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	1% improvement

Table 31: Relationship of 'Flexibility' to certain negative symptoms and the quantitative result.

The term flexibility as I have utilised it is based on the idea that, because the participants present with the rigidity and perseveration common to the negative symptoms, one therapeutic aim could be to afford flexibility (Please refer to table 31). According to Odell-



Miller (2007:275) transforming rigid patterns is a central aim in working with adults with mental health problems. The aim is further articulated as using music to help integrate thoughts and feelings, as well as emotional expression, which otherwise is left unexpressed or expressed inappropriately. As 'Flexibility' holds data representative of therapeutic affordances relating to all four subquestions, I will present examples from the data in support of such affordances, connecting between the subquestions, qualitative and quantitative data as necessary.

As noted in the analysis (please see chapter 4.6.5), the category 'Relational Give and Take' addresses the most negative symptoms when looking at the affordances of each category. The majority of codes in this category originate in the thick descriptions.

Verse 1	
I see Roses so red, It makes me happy	Andrew's poem
I don't like violence for me and you And I think to myself what a wonderful world	Larry's poem
Verse 2	
I like lots of food and then to move	Lonwabo's poem
The music sounds good, please don't be impolite And I think to myself what a wonderful world.	Rocco's poem
Chorus	
The colours of the music so pretty to the ear	Douglas' poem
And great sports on the field Are also on my mind	Samual's poem
Don't let friends fight, let's not be angry I'm really saying I love you.	Douglas' poem
Verse 3	
I like some give and take but also pay me back	Thukile's poem
Computer electronics are so cool And I think to myself what a wonderful world Yes I think to myself what a wonderful world	Tiago's poem

Table 32: TD3, Lines 21 - 43. The participants' poems integrated into song.



All of the categories in the theme 'Flexibility' offer affordances for all of the negative symptoms, and so it would follow that this theme is at least partially related to the overall 4% decrease in the symptoms. When matching each category in this theme to the symptom it has most likely afforded therapeutic benefit, the single category found to match the most symptoms was 'Relational Give and Take'. An example of relational give and take that affords experiences of flexibility is embodied in a group process of writing and workshopping a song based on the well known 'Wonderful World'. This was a sustained process lasting from session three to eight. Following an activity designed to afford emotional expression within musicing, the group was asked if they would like to write some words about their internal experiences that activity brought up. The participants expressed a willingness to write a poem each, and completed this to related music played on the sound system (appendix K). The poems were then workshopped into the pre-existing song structure, with equal weight given to all eight poems. The next step was to 'perform' this song as a group, drawing the process into an inter-relating give and take experience. Table 32 presents the final song.

Towards the final sessions a feeling of shared concentration and focus prevailed when singing this song together. The structure of the activity was designed to promote flexibility in relational give and take. For example each participant had a turn singing one verse, while the others listened or played instrumental accompaniment supportively. The chorus was always sung by the group as a whole, ensuring that the group was constantly drawn into a relating space. Flexibility could be afforded in the following ways: going from solo performance, to group participation, to listening to the others' emotional material, to expression of your own emotional material, to hearing your own material expressed by various others, and to expressing others' emotional material yourself. In the process of planning the sessions, I found designing therapeutic aims to address abstract thinking challenging. Abstract thinking seems something more suited to assessments involving conversation, and the participants generally presented as non-communicative verbally. The PANSS schedule measures abstract thinking in terms of sixteen simple similarity assessments. For example the following:

'How are a ball and an orange alike?'

'Apple and banana?'

'Pencil and pen?'

PANNS schedule (appendix E)



The following is a selection of the sixteen items for assessing proverb interpretation.

What does the saying mean:

- 1. "Plain as the nose on your face"
- 2. "Carrying a chip on your shoulder"
- 3. "All that glitters is not gold"

PANNS schedule (appendix E)

The test does not utilise all sixteen items, but rather allows the assessor to work with variations so the same patient can be assessed numerous times without repetition. Awareness that the proverbs are culture specific is alluded to in the PANSS research literature, but was found to not be a factor in the validity of assessing abstract thinking (Kay et al., 1987:267) However, one might argue that in the South African context, the relevant research population might have little relationship with these proverbs. Dr Roffey substituted the proverbs with culturally specific proverbs from both the Xhosa and Afrikaans languages where appropriate.

I attempted to use the song writing process to address abstract thinking. The song writing activity has some components that are abstract, such as the way feelings are distilled into written form, which are then sung as a group. Another way abstract thought related to Music Therapy was to do with trying to express what it was like to be involved in the therapy process. For instance the interview excerpt below shows Lonwabo speaking of his experience in a philosophical manner, identifying music as something that can be used to share emotions, as well as something that unifies people:

MT: - So do you think that music can maybe, go beyond um...

Lonwabo: Like... how I understand [it], music is not just about writing rhyming words, or words that must interact together... It's like you express yourself also in music, say how you feel, things you don't like, things that you like, I mean you give education to some others. So like with the therapy ja, it was something, like a learning excursion.

MT: Hmmm, wonderful.

- What was it like for you to make music with this group, you know with Tsepho and the whole group of people?

Lonwabo: I mean we come from different backgrounds, you see. So like, doing music with them, was also like a, learning curve, you see, so 'cos you've got your own special thing, someone else has got his own special thing. Then when we are together, like, like, it combines to be a unit. Give up [the] one thing.



MT: Alright so you experienced, a unity, some kind of union there [**Lonwabo**: Ja], even though, you know, someone was not singing with, or someone was forgetting to play or, what what. [**Lonwabo**: Ja], There was still something... there.

Lonwabo: [Interjecting] Ja, unity yes.

SI1, line 118-132.

Lonwabo had an identical pretest and posttest score of 2 for abstract thinking. The quantitative data argues that there was no change to Lonwabo over the intervention period, and also that his presentation of this negative symptom was of a low severity. Though the category 'abstract thinking' represents affordances for participants with the negative symptom of the same name, the affordances may be mild or masked to this investigation. In conclusion, remembering that the other sub-questions have been examined within this theme, therefore all the sub-questions have been addressed.

5.7 Theme six: INFLEXIBILITY

THEME	Sub-Questions Addressed (Qualitative Findings)	Quantitative Findings (percentage improvement)
6 INFLEXIBILITY	 emotional withdrawal and blunted affect relational withdrawal and conversational flow abstract thinking and stereotyped thinking anhedonia 	Nulled

Table 33: Relationship of 'Inflexibility' to the negative symptoms.

The theme 'Inflexibility' speaks to the negative symptoms generally, as there is overarching stuntedness, rigidity and perseveration. This theme has categories closely aligned to the negative symptoms by name, and is a collection of observations relating to their presentation in the participants (please see table 33). This theme does not contribute data reflecting therapeutic affordances as such, and so the sub-questions are not directly addressed. However, the data can be discussed in terms of how the negative symptoms in the sub-questions can be linked to how the participants presented them and their severity. Furthermore, this theme documents how the negative symptoms manifested in relation to the expressed experiences of the participants, as well as my observations of the participants.



Blunted affect, emotional withholding, relational withdrawal, the lack of conversational flow, stereotyped thinking and anhedonia were features noticeable in both the sessions and interviews. However, of note is that in the sessions these were often states from which the participants would gradually emerge into more flexibility. Following is an example of a how an inflexible perseverative state may have been transformed through Music Therapy facilitation. The participant referred to is Lonwabo.

After some time, the quality of Lonwabo's playing begins to change. He begins to sound stuck playing the same thing over and over again. It is mildly perseverative. Rocco adjusts his accompaniment to something more textured and varied, Lonwabo does not appear to respond to this musical suggestion or variation. Rocco and Lonwabo are however locked into the same tempo. Douglas plays the pulse nonstop with little variation, with a consistently loud dynamic level. Lonwabo's melody goes through a transformation, and tiredly narrows down to become centred around one note, going up in pitch and back down to the same note. The range of his melodic playing is thus condensed. Douglas glances at the MT, and then quickly down again. The MT invites Lonwabo to sing with his own playing, careful not to derail his soloing, or of the 'backing band'. Lonwabo looks down and then sings a long tentative gentle F note. The xylophone is in the key of C. The note gains in volume to a slight crescendo. He ends the sung phrase with a skipping melodic turn introducing two more notes, G and D. The feeling of his singing is softer and more delicate than his playing. Lonwabo's improvised xylophone melody gains a softer malleable quality. After he has sung the first phrase, he falls silent. The MT then mirrors his sung phrase and wait for a response. There is a kind of musical conversation developing between Lonwabo and the MT. After mirroring him a few times, the MT decides to join him in unison when he repeats a phrase. Lonwabo responds with energy, and a louder more dynamic vocal quality. The 'band' is playing with intent and sparkle.

(TD1, lines 106 - 128)

In the analysis it was mentioned that there were more codes originating in the interviews compared to within the Music Therapy intervention that were collected within this theme. This is germane to the discussion because it indicates altered presentations of the negative symptoms depending on context. If the context was the Music Therapy intervention, the negative symptoms were noticeably lessened, and opportunities for increased wellness were appropriated by the participants. If the context was outside the Music therapy space, like both the semi-structured and structured interviews, then the symptoms were noticeable and more pronounced.



From the data relating to the Music Therapy sessions, codes within this theme indicate how stunted musicing generally featured more in the earlier sessions than in the later ones. Also, a few referenced countertransference and other challenges I experienced in my therapeutic facilitations. This theme has codes originating in TD1, but none from TD3, suggesting that within the trajectory of eight sessions there was a gradual lessening of the negative symptoms. The longer Music therapy continued, the less pronounced the negative symptoms became within the intervention space.

The present quantitative data indicates that Music Therapy may not afford transfer of benefit to daily life for these participants. However, the benefits afforded in this particular intervention may not be immediately evidenced, as in they may make an appearance over a larger time frame. Only eight sessions were offered to participants. Nevertheless, this would need to be researched in a full-scale study.

5.8 The role of Music Therapy as an intervention for the negative symptoms of Schizophrenia

This discussion has set out to answer the subquestions of this research making use of triangulation to investigate the qualitative and quantitative data streams. The following summarises how each sub-question was addressed in relation to the themes.

In answer to sub-question one, the themes 'Holding', 'Positive Experiences of Music Therapy', 'Togetherness', 'Activation' and 'Flexibility' each embodied therapeutic affordances for the participants in relation to emotional withdrawal and blunted affect.

In answer to sub-question two, the themes 'Holding', 'Positive Experiences of Music Therapy', 'Togetherness', 'Activation' and 'Flexibility' were representative of therapeutic affordances for the participants in relation to relational withdrawal and conversational flow.

In answer to sub-question three, the themes 'Positive Experiences of Music Therapy', 'Togetherness', and 'Flexibility' each embodied therapeutic affordances for the participants in relation to difficulties in abstract thinking and stereotyped thinking. However the theme 'Positive Experiences of Music Therapy' did not address abstract thinking'. This symptom is also removed from the quantitative calculation triangulated with this theme.

In answer to sub-question four, the themes 'Holding', 'Positive Experiences of Music Therapy', 'Togetherness', 'Activation' and 'Flexibility each embodied therapeutic affordances for the participants in relation to anhedonia. 'Inflexibility' as a theme, featured all the negative



symptoms contained in the sub-questions. This theme does not embody affordances, but rather uncovered areas needing therapeutic affordances. The quantitative result is therefore nulled.

5.9 Conclusion

To conclude the discussion chapter, I will tie the strands of the chapter together in order to address the main research question. Analysed data from both qualitative and quantitative sources, with weighting toward the qualitative, was considered. The discussion was organised by theme, and thereafter the sub-questions were answered. Throughout the discussion, there has been an intersection of the qualitative and quantitative data. This process has opened up some possibilities of interpretation I would like to table.

In the first instance Music Therapy has emerged as a worthwhile intervention for these participants, especially because the quantitative data suggests that their negative symptoms were continuously present in daily life, however, the qualitative data demonstrates how these symptoms were alleviated in sessions. The importance of the Music Therapy intervention is highlighted because it offers experiences of health and well-being that are clearly not otherwise available. It is as if Music therapy 'interrupts' the steady occurrence of the negative symptoms for the session period.

In the second instance Music Therapy has emerged as a possible influence in a 4% drop of the severity of the negative symptoms for these participants. Even though this drop is calculated as not being significant by the paired sample *t*-test, it may still be a small, gradual improvement linked to the Music Therapy intervention. The qualitative data supports this reading because there were indications that Music Therapy affordances gained momentum as the sessions went on. The thick descriptions support this suggestion, for instance TD1 mentions periods of perseveration and withdrawal, whereas TD3 is characterised by improved relating, cohesion and creativity. From the findings of the current research, it can be concluded that group Music Therapy affords forensic adult clients in a psychiatric hospital who are diagnosed with schizophrenia benefits in relation to their negative symptoms.



6. Conclusion

6.1 Introduction

To conclude, the aim of this exploratory research was to investigate how group Music Therapy may influence the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital. One important aspect of this research is the deficiency of effective medical treatment for the negative symptoms, and a complementary intervention such as Music Therapy could be valuable in addressing these symptoms. In this final chapter I will integrate the arguments deliberated in the previous discussion chapter. Furthermore the limitations of this research will be considered and possibilities for future research will be suggested. Lastly I will conclude the current research with some final thoughts.

6.2 Summary of findings

The qualitative data suggests that Music Therapy afforded benefit to the participants during sessions. The quantitative data shows an overall improvement of the negative symptoms, although this increase was small. A more comprehensive study is recommended to explore this further. The fact that there is an improvement to the overall severity is heartening, and with a full scale study the overall severity could drop to a significant and generalisable level. The manner in which participants experienced the sessions is pertinent. In participants with mental illness in forensic wards, opportunities to experience agency, nurturing, emotional release and other forms of empowerment cannot be underestimated. Music Therapy can provide these opportunities, by enabling the participants to move towards greater wellness and in assisting in their rehabilitation. Music Therapy is positioned well in being complementary to standard care, when the challenges presented to speech-based therapies are born in mind, because of negative symptoms like poor rapport, and lack of spontaneity and flow of conversation. As noted in the literature, the lack of an effective medical model in the treatment of the negative symptoms means this is an area of mental illness needing attention. This study suggests that Music Therapy can be part of the solution in addressing the negative symptom treatment deficit.

The findings of both the qualitative and quantitative sides of this research are not meant to be generalised outside the context in which they occurred. Whether or not the benefits can extend beyond the therapy space is beyond the scope of this research to answer. The quantitative data suggests that participants experience negative symptoms perpetually, which highlights the importance of Music Therapy, because the affordances interrupt this constant



state, facilitating periods of greater wellness. In order for other therapists to apply the findings of this research, or to build on them, the attributes of the sample, the aims, the components, and the instruments have all been described within this research and transference can, therefore, be judged accordingly.

Overall there was a narrative of sorts flowing from session one to session eight. This narrative expresses the aims of this Music Therapy intervention in facilitating integration, mutuality and wellness. In order to capture and describe this narrative I found it helpful to make creative use of a metaphor: a single drum sequence by one participant, Tiago. In my notes I described a cohesive drum beat consisting of four parts. Firstly there was a big bass strike on the djembe drum, followed by intricate treble texturing in 3/4 time, consisting of rapid strokes. Finally there was big roll and flourish at the end. This formed a picture for me that captured the eight session process.

- a) Bass This is the beginning of the group, and the session process. It is characterised by a lower and slower energy. The loud sound seems to signal a big challenge. There is also a calling out, to come and make this journey. The treble strokes speak to the later sessions where more rapid and lighter, higher energy prevailed.
- b) Music in 3/4 time tends to lend itself more to a gentler feel in general. This coincides with periods of therapy where there was genuine emotional expression, and a more interrelational, softer quality of being.
- c) The rapid strokes are reminiscent of increased interpersonal contact, co-musicing, movement in space, initiating self-expression, and agency.
- d) The ending is a flourish, where both hands are involved, symbolising the healthy integration of disparate elements that work in concert.

Through the experience of facilitating Music Therapy with these participants, I have come to appreciate how much of a brave journey they have made. The Music Therapy intervention was a space in which all the participants, including myself, could feel secure, safe and spontaneous in creative expressions of the self.

6.3 Limitations of the study

A limitation of the current research is the small sample size, restricting the potential for qualitative data saturation, and making the quantitative data ungeneralisable. Another limitation is the length of the intervention: it was too short to generate accurate data on whether the intervention could afford meaningful change in daily life. The camera (on a tripod in the corner) was a distraction at times, and appeared to alter the behaviour of the participants. As I was both researcher and therapist, a dual role was created. This could have spurred the participants to speak in an obliging way during the semi-structured interviews.



Another limitation is that the PANSS test is culture-specific in some respects, meaning adjustments must be made to suite the context in which it is used.

6.4 Recommendations for further research

I humbly agree with Pedersen's (1999:24) assertion that a more thorough knowledge is required into this complex illness in order to offer effective Music Therapy interventions. Conducting further Music Therapy research for participants with schizophrenia in a forensic ward, and including the positive and general psychopathology symptoms in the investigation, is one recommendation that emerged during the course of this research. A study like this would provide insight in how Music Therapy might address a wide range of the symptoms of schizophrenia. A longitudinal study on the impact of an extended intervention of Music Therapy, with both qualitative and quantitative components would add much needed research to the body of literature. Using a mixed methods approach for this research has provided rich opportunities for analysis and discussion. Furthermore a much larger study, with a similar methodology to the current research, is also recommended, with an expanded population sample across multiple hospitals. This would offer qualitative data that may give greater insight into how the therapeutic objectives for this population can best be addressed. The quantitative data of such a study would be generalisable to different contexts. I would also suggest that group, as opposed to individual, Music Therapy is used where possible, because opportunities for cohesive inter-relating with fellow participants are increased.

A question that emerged out of doing the current research was how would it be possible to provide therapeutic affordances that transferred into the daily life of the participants? One more apparent solution is to provide a longer intervention, as I have suggested here. However, other than, or in addition to this, steps can be taken to enhance a milieu of greater mental health to ward life. Aspects of the intervention such as togetherness, therapeutic holding, positive experiences of Music Therapy, activation and flexibility, provided participants with a space in which they could experience and express greater health. It is vital to conduct research that explores how daily life within an institutional ward context could assume some of these features so as to be a more conducive environment for recovery if at all possible.

6.5 Conclusion

Through this study, I hope to have conveyed the benefits afforded by group Music Therapy for the participants. I have also relayed how particular affordances, like agency or motivation for instance, do not only speak to the diagnosis, but are also appropriate when the participant's daily realities as forensic patients at Valkenberg Hospital are considered. It is particularly heartening that the participants showed observable improvements with regard to



their symptoms, through their involvement and investment in this Music Therapy process. Considering the sense of isolation and aloneness characteristic of the negative symptoms, and in the presentation of the participants, the possibilities for increased experiences of wellness within a structured, nurturing and safe group environment cannot be underestimated. The participants are living with a severely debilitating illness, thus affordances such as those offered by Music Therapy offer essential experiences of increased health and well-being. This is of particular relevance considering the deficit in effective pharmacological treatments. Music Therapy afforded diverse opportunities for the participants to experience and develop a greater sense of wellness within themselves and in their interactions with others.



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Appendix A (Curriculum Vitae of Marc Roffey):

CURRICULUM VITAE OF MARC **ROFFEY**

PERSONAL DETAILS

NATIONALITY/PASSPORT South African/British

DATE/PLACE OF BIRTH 1 April 1963 / London, England

PROFESSIONAL REGISTRATION

• GMC (Registration No. 3409499)

• Specialist Registration (Psychiatrist), Health Professions Council of South Africa

(Registration Number MP0319147)

CONTACT DETAILS

2008

Telephone +27 61 077 1963

Email medical@marcroffey.co.za

EDUCATIONAL DETAILS

Fellow of The College of Psychiatrists of South Africa (FCPsych SA) October 2005

MBChB (University of Cape Town) December 1987

'Management Development Program' Certificate December

(University of Stellenbosch Business School)

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EMPLOYMENT HISTORY

March 2009 - present

Consultant post in Forensic Psychiatry, Valkenberg Hospital and University of Cape Town, Cape Town, South Africa

July 2008 - March 2009

Self-employed: Working in private practice in Cape Town, South Africa.

Areas of special interest: Medico-Legal and Forensic Psychiatry, Consultation Liaison Psychiatry.

November 2006 - July 2008

Furness General Hospital, Dane Garth Mental Health Unit, Barrow-in-Furness, Cumbria, England

Full-time Staff-Grade Psychiatrist, Working Age Psychiatry

- Section 12 approved
- Community work with Crisis Resolution and Home Treatment Team, and Assertive Outreach Team
- Independent ward rounds and community clinics
- Monthly independent clinic at Category C men's prison (Haverigg Prison, Cumbria)
- Regular, structured teaching activities with junior medical staff and 4th year Liverpool medical students

November 2005 - July 2006

GF Jooste Hospital, Manenberg, Cape Town (240 bed regional hospital)

Full-time Consultant Psychiatrist

- Community Psychiatry: managing 4 clinics in large, under-resourced communities.
- Heading new consultation-liaison service to hospital (Casualty, Medical and Surgical wards, Outpatient Department, and Infectious Diseases (HIV) Clinic).

August 2005 - October 2005

GF Jooste Hospital

Medical Officer in Community Psychiatry and HIV Medicine

(this post was upgraded to a full-time specialist post after gaining the FCPsych (SA)).



August 2000 - August 2005

UNIVERSITY OF CAPE TOWN SPECIALIST TRAINING

- Eight 6 month blocks, over a 4 year period, as a registrar-in-training, rotating through Acute Female and Male Admission, Child and Family, Psychotherapy (x2), Intellectual Disability, Psychiatric Emergency and Forensic Units.
- Additional clinical training requirements: 2 supervised long-term psychotherapy cases; 6 month supervised part-time CBT course.

[February 2003 - January 2004

'Gap year' in UK – **Staff-Grade locums** at St. Bernards Hospital, Ealing, London, and Furness General Hospital, Barrow-in-Furness]

March 2000 - July 2000

Lentegeur Psychiatric Hospital, Cape Town (awaiting registrar allocation).

Medical Officer, Female Admission and Forensic Units

1995 - 1999

UK locum and substantive SHO and Staff-Grade posts in psychiatry

Community Psychiatry Lancaster

Elderly Care Psychiatry Lancaster, Kendal

Substance Dependence Unit Lancaster

Medium Secure Unit Lancaster

General Adult Psychiatry Barrow-in-Furness, Kendal, Lancaster, London, Watford

July 1993 - January 1995

Groote Schuur Hospital, Cape Town

Medical Emergency Unit - SHO (6 months) and Senior Medical Officer (1 year)

January 1992 - June 1993

Bonteheuwel, Cape Town

Locum General Practitioner

January 1991 - December 1991

Cecilia Makiwane Hospital, East London, South Africa

Medical Officer in General Medicine



January 1990 - December 1990

Lentegeur Psychiatric Hospital, Cape Town

Medical Officer, General Adult Psychiatry

July 1989 - December 1989

Locum SHO, UK, General Medicine and Orthopaedics

March 1989 - June 1989

Livingstone Hospital, Port Elizabeth, South Africa

Medical Officer, General Medicine

January 1988 - December 1988

Livingstone Hospital, Port Elizabeth, South Africa

Internship: Paediatrics, General Medicine, Obstetrics & Gynaecology

PUBLICATIONS

1. Do Psychiatrists Examine Patients?

A quantitative approach to physical examination audit in psychiatric wards. Mohamud Ege, MD; Deepak Garg, MRCPsych; Marc Roffey, FCPsych (SA)

(Morecambe Bay Medical Journal

Autumn 2008 Volume 5 Number 9)

2. 'To predict or not to predict – that is the question': An exploration of risk assessment in the context of South African forensic psychiatry. Marc Roffey and Sean Z. Kaliski

(African Journal of Psychiatry 2012; 15: 227 -233)

REFEREES

Professor Sean Kaliski

Head of Forensic Services



Valkenberg Hospital

Private Bag X1

Observatory

7935

Cape Town

South Africa

Tel. +27 21 4403111

Email: Sean.Kaliski@uct.ac.za

(Revised MR for HPCSA, 20/03/2015)



Appendix B (Participant information form):



Faculty Of Humanities
Department Of Music
Music Therapy Unit
Tel (012) 420 2641

Participant Information Form

Group music therapy as an intervention for the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital

Dear		

I will be running a music therapy group as part of a study here at Valkenberg. I would value you joining in this group. I am interested in understanding what music therapy may offer to those taking part in the study. I am also interested in finding out how you felt about the music sessions. There will be eight participants in the music therapy group, for eight sessions over four to six weeks. Each session lasts an hour.

As part of the study Dr Marc Roffey will do two forty-five minute interviews with you, one before the first session and one after the final session. I would also like to chat with you personally at the end of the music therapy sessions for about 30 minutes. In total you will be interviewed three times. All the sessions and interviews will be video recorded for the study.



Dates:

Times:

Place: Valkenberg Psychiatric Hospital

Observatory Road

Observatory, 7925

Cape Town.

My hope is that this study will both help you as well add to more understanding of people with schizophrenia. You joining the study is completely voluntary and you have the right to leave the study at any time. All your personal details will stay confidential and your real name will not be used. If you choose to leave the study all your interview recordings will be destroyed. All other data collected will be stored at the University of Pretoria for 5 years.

Please feel free to ask any further questions.

Bruce Muirhead

MMus (music therapy) student/researcher

Email: bmmuirhead@gmail.com

Supervisor: Mrs Andeline dos Santos

Email: andeline@keysmusictherapy.co.za

End of participant information form



Appendix C (Informed consent form):



Faculty Of Humanities
Department Of Music
Music Therapy Unit
Tel (012) 420 2641

Informed consent form

Group music therapy as an intervention for the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital

Dear		
Deal		

I am a music therapy student, and would like to invite you to be part of a study where we will listen to and make music together. What is a music therapist? Simply put, a music therapist uses music to help people. The study will be run by myself (Bruce Muirhead) and Dr Marc Roffey at Valkenberg.

O Why is this study being done?

I am keen to see if music therapy can help people with schizophrenia to better health. During the study I would like to ask you how you feel while, and after we make music together.



• Why are you being asked to take part?

You are being asked to take part because my hope is that this study will both benefit you as well add to the knowledge of people with schizophrenia. You have also been asked to join the study because you would be 1 of 8 people in the music therapy group. Being able to play an instrument or sing is **not** necessary for music therapy.

O How many people will take part in the study?

Eight people will be asked to be a part of the study. We will all meet and play music as a group. Remember no musical experience is needed for this.

o How long will the study last?

The study will last for about 6 weeks, and there will be 8 sessions making music together. We will meet for about an hour each session.

• What do we do to decide if you are eligible to be take part?

We have to consider a number of things to decide if you are eligible to take part in this study. Firstly, the team of Valkenberg Hospital staff looking after you will put your name forward. The team are your psychiatrist, the registrar, the social worker and nursing staff. After that we look at all the other names put forward and select 8 people that are the best fit to take part in the study.



• What will happen if you decide to take part in the study?

If you decide to take part in the study, the first thing that will happen is a 45 minute interview with Dr Marc Roffey. This interview is to help us learn how you are doing in general.

A day or two after that we will make music together in the group for an hour. The first thing we will do is listen to some relaxing music as we greet each other and get ready to play music together. The music therapy sessions will continue at 1 or 2 sessions per week for about 6 weeks.

After the last music therapy session you will be interviewed again by Dr Marc Roffey for 45 minutes. This interview is also to help us learn how you are doing in general. Within a week of Dr Roffey's interview, I will also have an interview with you. This is more like a chat with you, so you can tell me in your own words some things about the music we shared together. Most of your time will be spent making music, and the interviews are there to help us with the study.

The music sessions and interviews will be video recorded with a camera. We video record the sessions and interviews so that we can see in more detail how the music therapy went. All of the information from the interviews and the video recordings will be destroyed after five years. We will never show anybody the video recordings, they are just for the study.

• What are the risks and discomforts of this study?

As this study uses just music-making in a group, I do not feel that there will be risk or discomfort in taking part.



Are there any benefits to you for being in the study?

The benefit to you being in the study is the chance to be a part of a group of people making and enjoying music together. There is no medical treatment involved in this study. There is no payment for being involved in the study.

o What other choices do you have?

You are free to leave the study at any stage, and there will be no problems for you if you do leave. Your interview will be destroyed immediately if you choose to leave the study. The video recording of the sessions will have all 8 people in it. That means I cannot destroy it until after five years, because the other people will still be a part of the study.

• What will happen when the study is over?

Dr Marc Roffey will be happy to help you during and after the study ends, if you feel badly in any way. You are able to ask Dr Roffey at any time to see you during and after the study. After the last interviews, we will make a time to all meet up to spend some time together and say goodbye. We will all have some soft-drinks and snacks, which I will bring.

• Will the results of the research be shared with you?

Yes the study will be shared with you as soon as it has been read by the University of Pretoria. The study will not contain any personal information about you at all. This means your name, address and all confidential information will never be used in the study.

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

 Will you receive any reward (money or food vouchers) for taking part in this study?

There is no reward for taking part in this study.

 Who will see the information which is collected about you during the study?

The information collected about you in the study will only be seen by myself (Bruce Muirhead), Dr Marc Roffey and my supervisor Andeline dos Santos.

• Who do I speak to (or contact) if I have any questions about the study?

Please feel free to contact any of these people:

Bruce Muirhead

MMus (music therapy) student/researcher

Email: bmmuirhead@gmail.com

Marc Roffey

021 440 3111

Email: medical@marcroffey.co.za

Andeline dos Santos

Supervisor of Bruce Muirhead

Email: andeline@keysmusictherapy.co.za



Important: The UCT's Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case you have any ethical concerns or questions about your rights or welfare as a participant on this research study.

INFORMED CONSENT

• I, hereby give / do not gi	ve
my consent to join this study by taking part in group music therapy session	S
and interviews.	
• I understand that I may leave the study at any stage. I grant / do not grant	
permission for the music sessions and interviews to be video recorded.	
I understand all video and interview recordings will be stored at the	
University of Pretoria for 5 years, and no more research using the recordin	gs
will happen unless I give my permission. After 5 years all the video and	
interview recordings will be destroyed.	
If I choose to leave the study all interview recordings will be destroyed.	
• I understand all my personal information will be kept confidential and my re	al
name will not be used.	
With full understanding of the above, I agree to participate / not participate in	1
this study on this(day) of this(month) a	nd
this(year).	
Participant details:	
Participant name:	
Signature	_
Participant Contact No:	_
Date:	



Bruce Muirhead

MMus (music therapy) student/researcher

Email: bmmuirhead@gmail.com

Supervisor: Mrs Andeline dos Santos

Email: andeline@keysmusictherapy.co.za

End of informed consent form



Appendix D (Valkenberg/Western Cape Gov Consent):



STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za tel: +27 21 483 6857; fax: +27 21 483 9895 5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001 www.capegateway.gov.za)

REFERENCE:WC_2015RP8_270 ENQUIRIES: Ms Charlene Roderick

University of Cape Town Faculty Health Science Anzio Road Observatory

For attention: Mr Bruce Muirhead, Dr Andeline Dos Santos and Dr Marc Roffey

Re: Group music therapy as an intervention for the negative symptoms of schizophrenia in forensic adult clients in a psychiatric hospital

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following people to assist you with any further enquiries in accessing the following sites:

Valkenberg Hospital

Estelle Malgas

Contact No. 021 440 3260

Kindly ensure that the following are adhered to:

- Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
- Researchers, in accessing provincial health facilities, are expressing consent to provide the
 department with an electronic copy of the final feedback (annexure 9) within six months of
 completion of research. This can be submitted to the provincial Research Co-ordinator
 (Health.Research@westerncape.gov.za).



- 3. In the event where the research project goes beyond the estimated completion date which was submitted, researchers are expected to complete and submit a progress report (Annexure 8) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
- 4. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR A HAWKRIDGE

DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE:

C 29/2/2016. CDEAN

CEO: VALKENBERG HOSPITAL



Appendix E (Semi-structured interview schedule):

Thank you for taking part in the music therapy sessions and this interview. Whatever you say will remain anonymous and your name will not appear with this interview. I would also like to remind you that the interview will be video recorded. If you are comfortable with that, then we can start.

- 1. How have you experienced making music together in the sessions?
 - What stands out for you, and why?
 - Can you sum up your experience in this group music therapy using any five words?
 - Can talk to me about the kind of music we created/played?
 - Can you describe some things that you did or did not enjoy in the sessions?

- 2. How would you describe your emotional state normally?
- 3. How did you feel during the music sessions?
 - Could you say some more about these feelings during the sessions?
- 4. Did the music therapy sessions impact you in any way?

- If so, can you describe how?

- 5. What was it like for you to make music with this group of people?
 - How did you experience yourself in the group?
- 6. How did you experience communicating with others in the group?
 - How do you relate to them normally in the ward?



- Has anything changed in how you feel about other members of the group?
7. Can you say anything about your general level of motivation in daily life?
- What can you say about your motivation in the music therapy sessions?
- Can you tell me about your present level of motivation?
8. Can you describe how you felt about the sessions ending?
9. Would you recommend others do group music therapy sessions in the future, (and why)?
10.ls there anything else you want to add to our conversation concerning the music sessions?
Thank you very much for your time, and for helping me understand how you experienced the music sessions.



Appendix F (PANSS interview schedule):

Structured Clinical Interview for the Positive and Negative Syndrome Scale **SCI-PANSS** L. A. Opler, M.D., Ph.D. S. R. Kay, Ph.D. J. P. Lindenmayer, M.D. A. Fiszbein, M.D. Patient Name or ID: ____ Interviewer:_ Data on "Lack of Spontaneity and Flow of Conversation," (N6) "Poor Rapport," (N3) and "Conceptual Disorganization" (P2) Hi, I'm... We're going to be spending the next 30 to 40 minutes talking about you and your reasons for being here. Maybe you can start out by telling me something about yourself and your background? (Instruction to interviewer: Allow at least 5 minutes for a non-directive phase serving to establish rapport in the context of an overview before preceding to the specific questions listed below.) Data on "Anxiety" (G2) Have you been feeling worried or nervous in the past week? IF NO: Would you say that you're usually calm and relaxed? IF YES: What's been making you feel nervous (worried, uncalm, unrelaxed)? Just how nervous (worried, etc.) have you been feeling? Have you been shaking at times, or has your heart been racing? Do you get into a state of panic? Has your sleep, eating, or participation in activities been affected? Data on "Delusions (General)" (P1) and "Unusual Thought Content" (G9) Have things been going well for you?____ Has anything been bothering you lately? Can you tell me something about your thoughts on life and its purpose?_____ Do you follow a particular philosophy? ____ Some people tell me they believe in the Devil; what do you think?_____ Can you read other people's minds? IF YES: How does that work?_____ Page 2

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Can others read your mind?
IF YES: How can they do that?
Is there any reason that someone would want to read your mind?
Who controls your thoughts?
Data on "Suspiciousness/Persecution," (P6) "Passive/Apathetic Social Withdrawal," (N4) "Act Social Avoidance," (G16) and "Poor Impulse Control" (G14)
How do you spend your time these days?
Do you prefer to be alone?
Do you join in activities with others?
IF NO: Why not? Are you afraid of people, or do you dislike them?
IF YES: Can you explain?
IF YES: Tell me about it.
Do you have many friends?
IF NO: Just a few?
IF NO: Any?Why?
IF YES: Why just a few friends?
IF YES: Close friends?
IF NO: Why not?
Do you feel that you can trust most people?
IF NO: Why not?
Are there some people in particular that you don't trust?
IF YES: Can you tell me who they are?
Why don't you trust people (or name specific person)?
IF "DON'T KNOW" OR "DON'T WANT TO SAY": Do you have a good reason not to trust?
Is there something that did to you?
Perhaps might do to you now?
IF YES: Can you explain to me?
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Ĭ	
5	you get along well with others?
AND DESIGNATION	IF NO: What's the problem?
The second lives	you have a quick temper?
	you get into fights?
1	IF YES: How do these fights start?
	Tell me about these fights.
-	How often does this happen?
_	o you sometimes lose control of yourself?
-	o you like most people?
_	IF NO: Why not?
_	re there perhaps some people who don't like you?
_	IF YES: For what reason?
_	o others talk about you behind your back?
_	IF YES: What do they say about you?
_	Why?
_	oes anyone ever spy on you or plot against you?
-	Do you sometimes feel in danger?
_	IF YES: Would you say that your life is in danger?
_	Is someone thinking of harming you or even perhaps thinking of killing you?
_	Have you gone to the police for help?
_	Do you sometimes take matters into your own hands or take action on those who might harm you?
_	IF YES: What have you done?
	Data on "Hallucinatory Behavior" (P3) and associated delusions
_	Do you once in a while have strange or unusual experiences?
_	cometimes people tell me that they can hear noises or voices inside their head that others can't hear. What about you?
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IF NO: Do you sometimes receive personal communications from the radio or TV?
IF NO: From God or the Devil?:
IF YES: What do you hear?
Are these as clear and loud as my voice?
How often do you hear these voices (noises, messages, etc.)?
Does this happen at a particular time of day or all the time?
IF HEARING VOICES: Can you recognize whose voices these are?
What do the voices say?
Are the voices good or bad?
Pleasant or unpleasant?
Do the voices interrupt your thinking or your activities?
Do they sometimes give you orders or instructions?
IF YES: For example?
Do you usually obey these orders (instructions)?
What do you make of these voices (or noises): where do they really come from?
Why do you have these experiences?
Are these normal experiences?
Do ordinary things sometimes look strange or distorted to you?
Do you sometimes have "visions" or see things that others can't see?
IF YES: For example?
Do these visions seem very real or life-like?
How often do you have these experiences?
Do you sometimes smell things that are unusual or that others don't smell?
IF YES: Please explain
Do you get any strange or unusual sensations from inside your body?
IF YES: Tell me about this.
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Data on "Guilt Feelings" (G3) and "Grandiosity" (P5)

If you were to compare yourself to the average person, how would you come out: a little better, may be a little we or about the same?
IF WORSE: Worse in what ways?
Just how do you feel about yourself?
IF BETTER: Better in what ways?
IF ABOUT THE SAME: Are you special in some ways?
IF YES: In what ways?
Would you consider yourself gifted?
Do you have talents or abilities that most people don't have?
IF YES: Please explain.
Do you have any special powers?
IF YES: What are these?
Where do these powers come from?
Do you have extrasensory perception (ESP), or can you read other people's minds?
Are you very wealthy?
IF YES: Explain please.
Can you be considered to be very bright?
IF YES: Why would you say so?
Would you describe yourself as famous?
Would some people recognize you from TV, radio, or the newspaper?
IF YES: Can you tell me about it?
re you a religious person?
IF YES: Are you close to God?
IF YES: Did God assign you some special role or purpose?
Can you be one of God's messengers or angels?
IF YES: What special powers do you have as God's messenger (angel)?

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Do you perhaps consider yourself to be God?
you have some special mission in life?
TE VFS: What is your mission?
Who assigned you to that mission?
I you ever do something wrong—something you feel bad or guilty about?
IF YES: Just how much does that bother you now?
Do you feel that you deserve punishment for that?
IF VES: What kind of punishment would you deserve?
Have you at times thought of punishing yourself?
IF YES: Have you ever acted on those thoughts of punishing yourself?
Data on "Disorientation" (G10)
you tell me what is today's date (i.e., the day, month, and year)?
nat is the name of the place that you are in now?
hospitalized:) What ward are you on?
hat is the address of where you now stay?
someone had to reach you by phone, what number would that person call?
nat is the name of the doctor who is treating you?
hospitalized:) Can you tell me who else is on the staff and what they do?
you know who is now the President?
io is our Governor?
o is the Mayor (Town Supervisor) of this city (town, etc.)?
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Data on "Difficulty in Abstract Thinking" (N5)

I'm going to now say a pair of words, and I'd like you to tell me in what important way they're alike. Let's for example, with the words "apple" and "banana." How are they alike — what do they have in common IF "THEY'RE BOTH FRUIT": Good. Now what about ...?

(Select three other items from the Similarities list at varying levels of difficulty from Appendix A.)

IF AN ANSWER IS GIVEN THAT IS CONCRETE, TANGENTIAL, OR IDIOSYNCRATIC, "THEY BOTH HAVE SKINS," "YOU CAN EAT THEM," "THEY'RE SMALL," OR "MONKEYS LI THEM": OK, but they're both fruit. Now how about ... and ...: how are these alike?

(Select three other items from the Similarities list at varying levels of difficulty from Appendix A.)

	Itama for assessing SIA	AII ADITIE	APPENDIX A S in the evaluation of "Difficulty in Abstract Thinking"	
1. 2. 3. 4.	How are a ball and an orange alike? Apple and banana? Pencil and pen? Nickel and dime?		Note on Appendix A: Similarities are generally assessed by sampling four of the items at different levels of difficulty (i.e., one item selected from each quarter the full set). When using the PANSS longitudinally, items should be systematical alternated with successive interviews so as to provide different selections from the	
5. 6. 7. 8.	Table and chair? Tiger and elephant? Hat and shirt? Bus and train?	Circle the Similarities used.	nilarities u	various levels of difficulty and thus minimize repetition. Notes on Similarities responses:
11.	Arm and leg? Rose and tulip? Uncle and cousin? The sun and the moon?	rcle the Si		
14. 15.	Painting and poem? Hilltop and valley? Air and water? Peace and prosperity?	Ü		
The		a book by	y its cover." What is the deeper meaning of this proverb?	
			APPENDIX B	
1. 2. 3.	Items for assessing PROVERB I: does the saying mean: "Plain as the nose on your face" "Carrying a chip on your shoulder" "Two heads are better than one" "Too many cooks spoil the broth"		NATION in the evaluation of "Difficulty in Abstract Thinking" Note on Appendix B: Proverb interpretation is generally assessed by sampling four of the items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically alternated with succesive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.	
6.	"Don't judge a book by its cover" "One man's food is another man's poison" "All that glitters is not gold" "Don't cross the bridge until you come to it"	Proverbs	Notes on Proverb responses:	
10. *	What's good for the goose is good for the gander" The grass always looks greener on the other side" Don't keep all you eggs in one basket" One swallow does not make a summer"	Circle the Proverbs used.		
4. ". 5. "	A stitch in time saves nine" A rolling stone gathers no moss" The acorn never falls far from the tree" People who live in glass houses should not throw s	tones at oth	iers"	

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Data on "Lack of Judgment and Insight" (G12)

long have you been in the hospital (clinic, etc.)?
did you come to the hospital (clinic, etc.)?
you need to be in a hospital (clinic, etc.)?
F NO: Did you have a problem that needed treatment?
IF YES: Would you say that you had a psychiatric or mental problem?
IF YES: Why?would you say that you had a psychiatric or mental problem?
IF YES: Can you tell me about it and what it consists of?
IF YES: In your own opinion, do you need to be taking medicine?
IF NO:
(If medicated:) Why then are you taking medicines?
(If unmedicated:) Why are you still in the hospital (clinic, etc.)?
IF YES: Why? Does the medicine help you in any way?
you at this time have any psychiatric or mental problems?
IF NO: For what reason are you still in the hospital (clinic, etc.)?
IF YES: Please explain
Just how serious are these problems?
(If hospitalized:)
Are you ready yet for discharge from the hospital?
Do you think you'll be taking medicine for your problems after discharge?
t are your future plans?
t about your longer-range goals?

, that's about all I have to ask of you now. Are there any questions that you might like to ask of me? k you for your cooperation.



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Appendix G (PANSS Rating Criteria):

POSITIVE AND NEGATIVE SYNDROME SCALE (PANSS) RATING CRITERIA GENERAL RATING INSTRUCTIONS

Data gathered from this assessment procedure are applied to the PANSS ratings. Each of the 30 items is accompanied by a specific definition as well as detailed anchoring criteria for all seven rating points. These seven points represent increasing levels of psychopathology, as follows:

- 1- absent
- 2- minimal
- 3- mild
- 4- moderate
- 5- moderate severe
- 6- severe
- 7- extreme

In assigning ratings, one first considers whether an item is at all present, as judging by its definition. If the item is <u>absent</u>, it is <u>scored 1</u>, whereas if it is present one must determine its severity by reference to the particular criteria from the anchoring points. The <u>highest applicable rating point is always assigned</u>, even if the patient meets criteria for lower points as well. In judging the level of severity, the rater must utilise a holistic perspective in deciding which <u>anchoring point</u> best characterises the patient's functioning and rate accordingly, <u>whether or not all elements of the description are observed</u>.

The rating points of 2 to 7 correspond to incremental levels of symptom severity:

- A rating of <u>2 (minimal)</u> denotes <u>questionable or subtle or suspected</u> <u>pathology</u>, or it also may allude to the <u>extreme end of the normal</u> range.
- A rating of <u>3 (mild)</u> is indicative of a symptom whose presence is <u>clearly established but not pronounced</u> and interferes little in day-today functioning.
- A rating of 4 (moderate) characterises a symptom which, though representing a serious problem, either occurs only occasionally or intrudes on daily life only to a moderate extent.
- A rating of <u>5 (moderate severe)</u> indicates marked manifestations that <u>distinctly impact on one's functioning</u> but are not <u>all-consuming</u> and usually can be contained at will.
- A rating of <u>6 (severe)</u> represents <u>gross pathology</u> that is present <u>very frequently</u>, proves <u>highly disruptive</u> to one's life, and often calls for <u>direct supervision</u>.
- A rating of <u>7 (extreme)</u> refers to the most <u>serious level of psychopathology</u>, whereby the <u>manifestations drastically interfere in most or all major life functions</u>, typically necessitating <u>close supervision</u> and <u>assistance</u> in many areas.

Each item is rated in consultation with the definitions and criteria provided in this manual. The ratings are rendered on the PANSS rating form overleaf by encircling the appropriate number following each dimension.



PANSS RATING FORM

		absent	minimal	mild	moderate	moderate severe	severe	extreme
P1	Delusions	1	2	3	4	5	6	7
P2	Conceptual disorganisation	1	2	3	4	5	6	7
P3	Hallucinatory behaviour	1	2	3	4	5	6	7
P4	Excitement	1	2	3	4	5	6	7
P5	Grandiosity	1	2	3	4	5	6	7
P6	Suspiciousness/persecution	1	2	3	4	5	6	7
P7	Hostility	1	2	3	4	5	6	7
N1	Blunted affect	1	2	3	4	5	6	7
N2	Emotional withdrawal	1	2	3	4	5	6	7
N3	Poor rapport	1	2	3	4	5	6	7
N4	Passive/apathetic social withdrawal	1	2	3	4	5	6	7
N5	Difficulty in abstract thinking	1	2	3	4	5	6	7
N6	Lack of spontaneity & flow of conversation	1	2	3	4	5	6	7
N7	Stereotyped thinking	1	2	3	4	5	6	7
G1	Somatic concern	1	2	3	4	5	6	7
G2	Anxiety	1	2	3	4	5	6	7
G3	Guilt feelings	1	2	3	4	5	6	7
G4	Tension	1	2	3	4	5	6	7
G5	Mannerisms & posturing	1	2	3	4	5	6	7
G6	Depression	1	2	3	4	5	6	7
G7	Motor retardation	1	2	3	4	5	6	7
G8	Uncooperativeness	1	2	3	4	5	6	7
G9	Unusual thought content	1	2	3	4	5	6	7
G10	Disorientation	1	2	3	4	5	6	7
G11	Poor attention	1	2	3	4	5	6	7
G12	Lack of judgement & insight	1	2	3	4	5	6	7
G13	Disturbance of volition	1	2	3	4	5	6	7
G14	Poor impulse control	1	2	3	4	5	6	7
G15	Preoccupation	1	2	3	4	5	6	7
G16	Active social avoidance	1	2	3	4	5	6	7



SCORING INSTRUCTIONS

Of the 30 items included in the PANSS, 7 constitute a **Positive Scale**, 7 a **Negative Scale**, and the remaining 16 a **General Psychopathology Scale**. The scores for these scales are arrived at by summation of ratings across component items. Therefore, the potential ranges are 7 to 49 for the Positive and Negative Scales, and 16 to 112 for the General Psychopathology Scale. In addition to these measures, a <u>Composite Scale</u> is scored by <u>subtracting</u> the negative score from the positive score. This yields a bipolar index that ranges from <u>-42 to +42</u>, which is essentially a difference score reflecting the degree of predominance of one syndrome in relation to the other.



POSITIVE SCALE (P)

P1. DELUSIONS - Beliefs which are unfounded, unrealistic and idiosyncratic.

Basis for rating - Thought content expressed in the interview and its influence on social relations and behaviour.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Presence of one or two delusions which are vague, uncrystallised and not tenaciously held. Delusions do not interfere with thinking, social relations or behaviour.
- 4 Moderate Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations or behaviour.
- 5 Moderate Severe Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations and behaviour.
- 6 Severe Presence of a stable set of delusions which are crystallised, possibly systematised, tenaciously held and clearly interfere with thinking, social relations and behaviour.
- 7 Extreme Presence of a stable set of delusions which are either highly systematised or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardise the safety of the patient or others.
- **P2.** CONCEPTUAL DISORGANISATION Disorganised process of thinking characterised by disruption of goal-directed sequencing, e.g. circumstantiality, loose associations, tangentiality, gross illogicality or thought block.

Basis for rating - Cognitive-verbal processes observed during the course of interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Thinking is circumstantial, tangential or paralogical. There is some difficulty in directing thoughts towards a goal, and some loosening of associations may be evidenced under pressure.
- 4 Moderate Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure.
- 5 Moderate Severe Generally has difficulty in organising thoughts, as evidenced by frequent irrelevancies, disconnectedness or loosening of associations even when not under pressure.
- 6 Severe Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly.
- 7 Extreme Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which result in total failure of communication, e.g. "word salad" or mutism.
- P3. HALLUCINATORY BEHAVIOUR Verbal report or behaviour indicating perceptions which are not generated by external stimuli. These may occur in the auditory, visual, olfactory or somatic realms.

Basis for rating - Verbal report and physical manifestations during the course of interview as well as reports of behaviour by primary care workers or family.

- 1 Absent Definition does not apply
- Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions which do not result in distortions of thinking or behaviour.
- 4 Moderate Hallucinations occur frequently but not continuously, and the patient's thinking and behaviour are only affected to a minor extent.
- 5 Moderate Severe Hallucinations occur frequently, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behaviour. Patient may have a delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well.
- 6 Severe Hallucinations are present almost continuously, causing major disruption of thinking and behaviour. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.
- 7 Extreme Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behaviour. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioural responses, including obedience to command hallucinations.



P4. EXCITEMENT - Hyperactivity as reflected in accelerated motor behaviour, heightened responsivity to stimuli, hypervigilance or excessive mood lability.

Basis for rating - Behavioural manifestations during the course of interview as well as reports of behaviour by primary care workers or family.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Tends to be slightly agitated, hypervigilant or mildly overaroused throughout the interview, but without distinct episodes of excitement or marked mood lability. Speech may be slightly pressured.
- 4 Moderate Agitation or overarousal is clearly evident throughout the interview, affecting speech and general mobility, or episodic outbursts occur sporadically.
- 5 Moderate Severe Significant hyperactivity or frequent outbursts of motor activity are observed, making it difficult for the patient to sit still for longer than several minutes at any given time.
- 6 Severe Marked excitement dominates the interview, delimits attention, and to some extent affects personal functions such as eating or sleeping.
- 7 Extreme marked excitement seriously interferes in eating and sleeping and makes interpersonal interactions virtually impossible. Acceleration of speech and motor activity may result in incoherence and exhaustion.
- P5. GRANDIOSITY Exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power and moral righteousness.

Basis for rating - Thought content expressed in the interview and its influence on behaviour.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions.
- 4 Moderate Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon.
- 5 Moderate Severe Clear-cut delusions concerning remarkable abilities, status or power are expressed and influence attitude but not behaviour.
- 6 Severe Clear-cut delusions of remarkable superiority involving more than one parameter (wealth, knowledge, fame, etc) are expressed, notably influence interactions and may be acted upon.
- 7 Extreme Thinking, interactions and behaviour are dominated by multiple delusions of amazing ability, wealth, knowledge, fame, power and/or moral stature, which may take on a bizarre quality.
- **P6.** SUSPICIOUSNESS/PERSECUTION Unrealistic or exaggerated ideas of persecution, as reflected in guardedness, ad distrustful attitude, suspicious hypervigilance or frank delusions that others mean harm.

Basis for rating - Thought content expressed in the interview and its influence on behaviour.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Presents a guarded or even openly distrustful attitude, but thoughts, interactions and behaviour are minimally affected.
- 4 Moderate Distrustfulness is clearly evident and intrudes on the interview and/or behaviour, but there is no evidence of persecutory delusions. Alternatively, there may be indication of loosely formed persecutory delusions, but these do not seem to affect the patient's attitude or interpersonal relations.
- 5 Moderate Severe Patient shows marked distrustfulness, leading to major disruption of interpersonal relations, or else there are clear-cut persecutory delusions that have limited impact on interpersonal relations and behaviour.
- 6 Severe Clear-cut pervasive delusions of persecution which may be systematised and significantly interfere in interpersonal relations.
- 7 Extreme A network of systematised persecutory delusions dominates the patient's thinking, social relations and behaviour.



P7. HOSTILITY - Verbal and nonverbal expressions of anger and resentment, including sarcasm, passive-aggressive behaviour, verbal abuse and assualtiveness.

Basis for rating – Interpersonal behaviour observed during the interview and reports by primary care workers or family.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Indirect or restrained communication of anger, such as sarcasm, disrespect, hostile expressions and occasional irritability.
- 4 Moderate Presents an overtly hostile attitude, showing frequent irritability and direct expression of anger or resentment.
- 5 Moderate Severe Patient is highly irritable and occasionally verbally abusive or threatening.
- 6 Severe Uncooperativeness and verbal abuse or threats notably influence the interview and seriously impact upon social relations. Patient may be violent and destructive but is not physically assualtive towards others.
- 7 Extreme Marked anger results in extreme uncooperativeness, precluding other interactions, or in episode(s) of physical assault towards others.

NEGATIVE SCALE (N)

N1. BLUNTED AFFECT - Diminished emotional responsiveness as characterised by a reduction in facial expression, modulation of feelings and communicative gestures.

Basis for rating - Observation of physical manifestations of affective tone and emotional responsiveness during the course of the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Changes in facial expression and communicative gestures seem to be stilted, forced, artificial or lacking in modulation.
- 4 Moderate Reduced range of facial expression and few expressive gestures result in a dull appearance
- 5 Moderate Severe Affect is generally 'flat' with only occasional changes in facial expression and a paucity of communicative gestures.
- 6 Severe Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage or inappropriate uncontrolled laughter.
- 7 Extreme Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or 'wooden' expression.
- N2. EMOTIONAL WITHDRAWAL Lack of interest in, involvement with, and affective commitment to life's events.

Basis for rating - Reports of functioning from primary care workers or family and observation of interpersonal behaviour during the course of the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Usually lack initiative and occasionally may show deficient interest in surrounding events.
- 4 Moderate Patient is generally distanced emotionally from the milieu and its challenges but, with encouragement, can be engaged.
- 5 Moderate Severe Patient is clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile and purposeless but can be involved in communication at least briefly and tends to personal needs, sometimes with assistance.
- 6 Severe Marked deficiency of interest and emotional commitment results in limited conversation with others and frequent neglect of personal functions, for which the patient requires supervision.
- 7 Extreme Patient is almost totally withdrawn, uncommunicative and neglectful of personal needs as a result of profound lack of interest and emotional commitment.



N3. POOR RAPPORT - Lack of interpersonal empathy, openness in conversation and sense of closeness, interest or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and nonverbal communication.

Basis for rating - Interpersonal behaviour during the course of the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Conversation is characterised by a stilted, strained or artificial tone. It may lack emotional depth or tend to remain on an impersonal, intellectual plane.
- 4 Moderate Patient typically is aloof, with interpersonal distance quite evident. Patient may answer questions mechanically, act bored, or express disinterest.
- 5 Moderate Severe Disinvolvement is obvious and clearly impedes the productivity of the interview. Patient may tend to avoid eye or face contact.
- 6 Severe Patient is highly indifferent, with marked interpersonal distance. Answers are perfunctory, and there is little nonverbal evidence of involvement. Eye and face contact are frequently avoided.
- 7 Extreme Patient is totally uninvolved with the interviewer. Patient appears to be completely indifferent and consistently avoids verbal and nonverbal interactions during the interview.
- N4. PASSIVE/APATHETIC SOCIAL WITHDRAWAL Diminished interest and initiative in social interactions due to passivity, apathy, anergy or avolition. This leads to reduced interpersonal involvements and neglect of activities of daily living.

Basis for rating – Reports on social behaviour from primary care workers or family.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Shows occasional interest in social activities but poor initiative. Usually engages with others only when approached first by them.
- 4 Moderate Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.
- 5 Moderate Severe Passively participates in only a minority of activities and shows virtually no interest or initiative. Generally spends little time with others.
- 6 Severe Tends to be apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs. Has very few spontaneous social contacts.
- 7 Extreme Profoundly apathetic, socially isolated and personally neglectful.
- N5. DIFFICULTY IN ABSTRACT THINKING Impairment in the use of the abstract-symbolic mode of thinking, as evidenced by difficulty in classification, forming generalisations and proceeding beyond concrete or egocentric thinking in problem-solving tasks.

Basis for rating - Responses to questions on similarities and proverb interpretation, and use of concrete vs. abstract mode during the course of the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Tends to give literal or personalised interpretations to the more difficult proverbs and may have some problems with concepts that are fairly abstract or remotely related.
- 4 Moderate Often utilises a concrete mode. Has difficulty with most proverbs and some categories. Tends to be distracted by functional aspects and salient features.
- 5 Moderate Severe Deals primarily in a concrete mode, exhibiting difficulty with most proverbs and many categories.
- 6 Severe Unable to grasp the abstract meaning of any proverbs or figurative expressions and can formulate classifications for only the most simple of similarities. Thinking is either vacuous or locked into functional aspects, salient features and idiosyncratic interpretations.
- 7 Extreme Can use only concrete modes of thinking. Shows no comprehension of proverbs, common metaphors or similes, and simple categories. Even salient and functional attributes do not serve as a basis for classification. This rating may apply to those who cannot interact even minimally with the examiner due to marked cognitive impairment.



N6. LACK OF SPONTANEITY AND FLOW OF CONVERSATION - Reduction in the normal flow of communication associated with apathy, avolition, defensiveness or cognitive deficit. This is manifested by diminished fluidity and productivity of the verbal interactional process.

Basis for rating - Cognitive-verbal processes observed during the course of interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and leading questions by the interviewer.
- 4 Moderate Conversation lacks free flow and appears uneven or halting. Leading questions are frequently needed to elicit adequate responses and proceed with conversation.
- 5 Moderate Severe Patient shows a marked lack of spontaneity and openness, replying to the interviewer's questions with only one or two brief sentences.
- Severe Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail communication. (e.g. "I don't know", "I'm not at liberty to say"). Conversation is seriously impaired as a result and the interview is highly unproductive.
- 7 Extreme Verbal output is restricted to, at most, an occasional utterance, making conversation not possible.
- N7. STEREOTYPED THINKING Decreased fluidity, spontaneity and flexibility of thinking, as evidenced in rigid, repetitious or barren thought content.

Basis for rating - Cognitive-verbal processes observed during the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Some rigidity shown in attitude or beliefs. Patient may refuse to consider alternative positions or have difficulty in shifting from one idea to another.
- 4 Moderate Conversation revolves around a recurrent theme, resulting in difficulty in shifting to a new topic.
- 5 Moderate Severe Thinking is rigid and repetitious to the point that, despite the interviewer's efforts, conversation is limited to only two or three dominating topics.
- 6 Severe Uncontrolled repetition of demands, statements, ideas or questions which severely impairs conversation.
- 7 Extreme Thinking, behaviour and conversation are dominated by constant repetition of fixed ideas or limited phrases, leading to gross rigidity, inappropriateness and restrictiveness of patient's communication.

GENERAL PSYCHOPATHOLOGY SCALE (G)

G1. SOMATIC CONCERN - Physical complaints or beliefs about bodily illness or malfunctions. This may range from a vague sense of ill being to clear-cut delusions of catastrophic physical disease.

Basis for rating - Thought content expressed in the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Distinctly concerned about health or bodily malfunction, but there is no delusional conviction and overconcern can be allayed by reassurance.
- 4 Moderate Complains about poor health or bodily malfunction, but there is no delusional conviction, and overconcern can be allayed by reassurance.
- 5 Moderate Severe Patient expresses numerous or frequent complaints about physical illness or bodily malfunction, or else patient reveals one or two clear-cut delusions involving these themes but is not preoccupied by them.
- 6 Severe Patient is preoccupied by one or a few clear-cut delusions about physical disease or organic malfunction, but affect is not fully immersed in these themes, and thoughts can be diverted by the interviewer with some effort.
- 7 Extreme Numerous and frequently reported somatic delusions, or only a few somatic delusions of a catastrophic nature, which totally dominate the patient's affect or thinking.



G2. ANXIETY - Subjective experience of nervousness, worry, apprehension or restlessness, ranging from excessive concern about the present or future to feelings of panic.

Basis for rating - Verbal report during the course of interview and corresponding physical manifestations.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Expresses some worry, overconcern or subjective restlessness, but no somatic and behavioural consequences are reported or evidenced.
- 4 Moderate Patient reports distinct symptoms of nervousness, which are reflected in mild physical manifestations such as fine hand tremor and excessive perspiration.
- 5 Moderate Severe Patient reports serious problems of anxiety which have significant physical and behavioural consequences, such as marked tension, poor concentration, palpitations or impaired sleep.
- 6 Severe Subjective state of almost constant fear associated with phobias, marked restlessness or numerous somatic manifestations.
- 7 Extreme Patient's life is seriously disrupted by anxiety, which is present almost constantly and at times reaches panic proportion or is manifested in actual panic attacks.
- GUILT FEELINGS Sense of remorse or self-blame for real or imagined misdeeds in the past.
 Basis for rating Verbal report of guilt feelings during the course of interview and the influence on attitudes and thoughts.
 - 1 Absent Definition does not apply
 - 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
 - 3 Mild Questioning elicits a vague sense of guilt or self-blame for a minor incident, but the patient clearly is not overly concerned.
 - 4 Moderate Patient expresses distinct concern over his responsibility for a real incident in his life but is not pre-occupied with it and attitude and behaviour are essentially unaffected.
 - Moderate Severe Patient expresses a strong sense of guilt associated with self-deprecation or the belief that he deserves punishment. The guilt feelings may have a delusional basis, may be volunteered spontaneously, may be a source of preoccupation and/or depressed mood, and cannot be allayed readily by the interviewer.
 - 6 Severe Strong ideas of guilt take on a delusional quality and lead to an attitude of hopelessness or worthlessness. The patient believes he should receive harsh sanctions as such punishment.
 - 7 Extreme Patient's life is dominated by unshakable delusions of guilt, for which he feels deserving of drastic punishment, such as life imprisonment, torture, or death. There may be associated suicidal thoughts or attribution of others' problems to one's own past misdeeds.
- **G4.** TENSION -Overt physical manifestations of fear, anxiety, and agitation, such as stiffness, tremor, profuse sweating and restlessness.

Basis for rating - Verbal report attesting to anxiety and thereupon the severity of physical manifestations of tension observed during the interview.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Posture and movements indicate slight apprehensiveness, such as minor rigidity, occasional restlessness, shifting of position, or fine rapid hand tremor.
- 4 Moderate A clearly nervous appearance emerges from various manifestations, such as fidgety behaviour, obvious hand tremor, excessive perspiration, or nervous mannerisms.
- 5 Moderate Severe Pronounced tension is evidenced by numerous manifestations, such as nervous shaking, profuse sweating and restlessness, but can conduct in the interview is not significantly affected.
- 6 Severe Pronounced tension to the point that interpersonal interactions are disrupted. The patient, for example, may be constantly fidgeting, unable to sit still for long, or show hyperventilation.
- 7 Extreme Marked tension is manifested by signs of panic or gross motor acceleration, such as rapid restless pacing and inability to remain seated for longer than a minute, which makes sustained conversation not possible.



G5. MANNERISMS AND POSTURING – Unnatural movements or posture as characterised be an awkward, stilted, disorganised, or bizarre appearance.

Basis for rating - Observation of physical manifestations during the course of interview as well as reports from primary care workers or family.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Slight awkwardness in movements or minor rigidity of posture
- 4 Moderate Movements are notably awkward or disjointed, or an unnatural posture is maintained for brief periods.
- 5 Moderate Severe Occasional bizarre rituals or contorted posture are observed, or an abnormal position is sustained for extended periods.
- 6 Severe Frequent repetition of bizarre rituals, mannerisms or stereotyped movements, or a contorted posture is sustained for extended periods.
- 7 Extreme Functioning is seriously impaired by virtually constant involvement in ritualistic, manneristic, or stereotyped movements or by an unnatural fixed posture which is sustained most of the time.
- G6. DEPRESSION Feelings of sadness, discouragement, helplessness and pessimism.

Basis for rating - Verbal report of depressed mood during the course of interview and its observed influence on attitude and behaviour.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Expresses some sadness of discouragement only on questioning, but there is no evidence of depression in general attitude or demeanor.
- 4 Moderate Distinct feelings of sadness or hopelessness, which may be spontaneously divulged, but depressed mood has no major impact on behaviour or social functioning and the patient usually can be cheered up.
- Moderate Severe Distinctly depressed mood is associated with obvious sadness, pessimism, loss of social interest, psychomotor retardation and some interference in appetite and sleep. The patient cannot be easily cheered up.
- 6 Severe Markedly depressed mood is associated with sustained feelings of misery, occasional crying, hopelessness and worthlessness. In addition, there is major interference in appetite and or sleep as well as in normal motor and social functions, with possible signs of self-neglect.
- 7 Extreme Depressive feelings seriously interfere in most major functions. The manifestations include frequent crying, pronounced somatic symptoms, impaired concentration, psychomotor retardation, social disinterest, self neglect, possible depressive or nihilistic delusions and/or possible suicidal thoughts or action.
- G7. MOTOR RETARDATION Reduction in motor activity as reflected in slowing or lessening or movements and speech, diminished responsiveness of stimuli, and reduced body tone.

Basis for rating - Manifestations during the course of interview as well as reports by primary care workers as well as family.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Slight but noticeable diminution in rate of movements and speech. Patient may be somewhat underproductive in conversation and gestures.
- 4 Moderate Patient is clearly slow in movements, and speech may be characterised by poor productivity including long response latency, extended pauses or slow pace.
- 5 Moderate Severe A marked reduction in motor activity renders communication highly unproductive or delimits functioning in social and occupational situations. Patient can usually be found sitting or lying down.
- 6 Severe Movements are extremely slow, resulting in a minimum of activity and speech. Essentially the day is spent sitting idly or lying down.
- 7 Extreme Patient is almost completely immobile and virtually unresponsive to external stimuli.



G8. UNCOOPERATIVENESS - Active refusal to comply with the will of significant others, including the interviewer, hospital staff or family, which may be associated with distrust, defensiveness, stubbornness, negativism, rejection of authority, hostility or belligerence.

Basis for rating - Interpersonal behaviour observed during the course of the interview as well as reports by primary care workers or family.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Complies with an attitude of resentment, impatience, or sarcasm. May inoffensively object to sensitive probing during the interview.
- 4 Moderate Occasional outright refusal to comply with normal social demands, such as making own bed, attending scheduled programmes, etc. The patient may project a hostile, defensive or negative attitude but usually can be worked with.
- 5 Moderate Severe Patient frequently is incompliant with the demands of his milieu and may be characterised by other as an "outcast" or having "a serious attitude problem". Uncooperativeness is reflected in obvious defensiveness or initability with the interviewer and possible unwillingness to address many questions.
- 6 Severe Patient is highly uncooperative, negativistic and possibly also belligerent. Refuses to comply with the most social demands and may be unwilling to initiate or conclude the full interview.
- 7 Extreme Active resistance seriously impact on virtually all major areas of functioning. Patient may refuse to join in any social activities, tend to personal hygiene, converse with family or staff and participate even briefly in an interview.
- G9. UNUSUAL THOUGHT CONTENT Thinking characterised by strange, fantastic or bizarre ideas, ranging from those which are remote or atypical to those which are distorted, illogical and patently absurd.
 - Basis for rating Thought content expressed during the course of interview.
 - 1 Absent Definition does not apply
 - 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
 - 3 Mild Thought content is somewhat peculiar, or idiosyncratic, or familiar ideas are framed in an odd context.
 - 4 Moderate Ideas are frequently distorted and occasionally seem quite bizarre.
 - 5 Moderate Severe Patient expresses many strange and fantastic thoughts, (e.g. Being the adopted son of a king, being an escapee from death row), or some which are patently absurd (e.g. Having hundreds of children, receiving radio messages from outer space from a tooth filling).
 - 6 Severe Patient expresses many illogical or absurd ideas or some which have a distinctly bizarre quality (e.g. having three heads, being a visitor from another planet).
 - 7 Extreme Thinking is replete with absurd, bizarre and grotesque ideas.
- G10. DISORIENTATION Lack of awareness of one's relationship to the milieu, including persons, place and time, which may be due to confusion or withdrawal.

Basis for rating - Responses to interview questions on orientation.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild General orientation is adequate but there is some difficulty with specifics. For example, patient knows his location but not the street address, knows hospital staff names but not their functions, knows the month but confuses the day of the week with an adjacent day, or errs in the date by more than two days. There may be narrowing of interest evidenced by familiarity with the immediate but not extended milieu, such as ability to identify staff but not the mayor, governor, or president.
- 4 Moderate Only partial success in recognising persons, places and time. For example, patient knows he is in a hospital but not its name, knows the name of the city but not the borough or district, knows the name of his primary therapist but not many other direct care workers, knows the year or season but not sure of the month.
- 5 Moderate Severe Considerable failure in recognising persons, place and time. Patient has only a vague notion of where he is and seems unfamiliar with most people in his milieu. He may identify the year correctly or nearly but not know the current month, day of week or even the season.
- 6 Severe Marked failure in recognising persons, place and time. For example, patient has no knowledge of his whereabouts, confuses the date by more than one year, can name only one or two individuals in his current life.
- 7 Extreme Patient appears completely disorientated with regard to persons, place and time. There is gross confusion or total ignorance about one's location, the current year and even the most familiar people, such as parents, spouse, friends and primary therapist.



G11. POOR ATTENTION - Failure in focused alertness manifested by poor concentration, distractibility from internal and external stimuli, and difficulty in harnessing, sustaining or shifting focus to new stimuli.

Basis for rating - Manifestations during the course of interview.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Limited concentration evidenced by occasional vulnerability to distraction and faltering attention toward the end of the interview.
- 4 Moderate Conversation is affected by the tendency to be easily distracted, difficulty in long sustaining concentration on a given topic, or problems in shifting attention to new topics.
- 5 Moderate Severe Conversation is seriously hampered by poor concentration, distractibility, and difficulty in shifting focus appropriately..
- 6 Severe Patient's attention can be harnessed for only brief moments or with great effort, due to marked distraction by internal or external stimuli.
- 7 Extreme Attention is so disrupted that even brief conversation is not possible.
- G12. LACK OF JUDGEMENT AND INSIGHT Impaired awareness or understanding of one's own psychiatric condition and life situation. This is evidenced by failure to recognise past or present psychiatric illness or symptoms, denial of need for psychiatric hospitalisation or treatment, decisions characterised by poor anticipation or consequences, and unrealistic short-term and long-range planning.

Basis for rating - Thought content expressed during the interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Recognises having a psychiatric disorder but clearly underestimates its seriousness, the implications for treatment, or the importance of taking measures to avoid relapse. Future planning may be poorly conceived.
- 4 Moderate Patient shows only a vague or shallow recognition of illness. There may be fluctuations in acknowledgement of being ill or little awareness of major symptoms which are present, such as delusions, disorganised thinking, suspiciousness and social withdrawal. The patient may rationalise the need for treatment in terms of its relieving lesser symptoms, such as anxiety, tension and sleep difficulty.
- 5 Moderate Severe Acknowledges past but not present psychiatric disorder. If challenged, the patient may concede the presence of some unrelated or insignificant symptoms, which tend to be explained away by gross misinterpretation or delusional thinking. The need for psychiatric treatment similarly goes unrecognised.
- 6 Severe Patient denies ever having had a psychiatric disorder. He disavows the presence of any psychiatric symptoms in the past or present and, though compliant, denies the need for treatment and hospitalisation.
- 7 Extreme Emphatic denial of past and present psychiatric illness. Current hospitalisation and treatment are given a delusional interpretation (e.g. as punishment fro misdeeds, as persecution by tormentors, etc), and the patient thus refuse to cooperate with therapists, medication or other aspects of treatment.
- G13. DISTURBANCE OF VOLITION Disturbance in the wilful initiation, sustenance and control of one's thoughts, behaviour, movements and speech.

Basis for rating - Thought content and behaviour manifested in the course of interview.

- Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild There is evidence of some indecisiveness in conversation and thinking, which may impede verbal and cognitive processes to a minor extent.
- 4 Moderate Patient is often ambivalent and shows clear difficulty in reaching decisions. Conversation may be marred by alteration in thinking, and in consequence, verbal and cognitive functioning are clearly impaired.
- 5 Moderate Severe Disturbance of volition interferes in thinking as well as behaviour. Patient shows pronounced indecision that impedes the initiation and continuation of social and motor activities, and which also may be evidence in halting speech.
- 6 Severe Disturbance of volition interferes in the execution of simple automatic motor functions, such as dressing or grooming, and markedly affects speech.
- 7 Extreme Almost complete failure of volition is manifested by gross inhibition of movement and speech resulting in immobility and/or mutism.



G14. POOR IMPULSE CONTROL - Disordered regulation and control of action on inner urges, resulting in sudden, unmodulated, arbitrary or misdirected discharge of tension and emotions without concern about consequences.

Basis for rating – Behaviour during the course of interview and reported by primary care workers or family.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse.
- 4 Moderate Patient gets angered and verbally abusive with minimal provocation. May be occasionally threatening, destructive, or have one or two episodes involving physical confrontation or a minor brawl.
- 5 Moderate Severe Patient exhibits repeated impulsive episodes involving verbal abuse, destruction of property, or physical threats. There may be one or two episodes involving serious assault, for which the patient requires isolation, physical restraint, or p.r.n. sedation.
- 6 Severe Patient frequently is impulsive aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assualtive behaviour and may also be sexually offensive and possibly respond behaviourally to hallucinatory commands.
- 7 Extreme Patient exhibits homicidal, sexual assaults, repeated brutality, or self-destructive behaviour. Requires constant direct supervision or external constraints because of inability to control dangerous impulses.
- G15. PREOCCUPATION Absorption with internally generated thoughts and feelings and with autistic experiences to the detriment of reality orientation and adaptive behaviour.

Basis for rating - Interpersonal behaviour observed during the course of interview.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Excessive involvement with personal needs or problems, such that conversation veers back to egocentric themes and there is diminished concerned exhibited toward others.
- 4 Moderate Patient occasionally appears self-absorbed, as if daydreaming or involved with internal experiences, which interferes with communication to a minor extent.
- 5 Moderate Severe Patient often appears to be engaged in autistic experiences, as evidenced by behaviours that significantly intrude on social and communicational functions, such as the presence of a vacant stare, muttering or talking to oneself, or involvement with stereotyped motor patterns.
- 6 Severe Marked preoccupation with autistic experiences, which seriously delimits concentration, ability to converse, and orientation to the milieu. The patient frequently may be observed smiling, laughing, muttering, talking, or shouting to himself.
- 7 Extreme Gross absorption with autistic experiences, which profoundly affects all major realms of behaviour. The patient constantly may be responding verbally or behaviourally to hallucinations and show little awareness of other people or the external milieu.
- G16. ACTIVE SOCIAL AVOIDANCE Diminished social involvement associated with unwarranted fear, hostility, or distrust.

Basis for rating - Reports of social functioning primary care workers or family.

- 1 Absent Definition does not apply
- 2 Minimal Questionable pathology; may be at the upper extreme of normal limits
- 3 Mild Patient seems ill at ease in the presence of others of others and prefers to spend time alone, although he participates in social functions when required.
- 4 Moderate Patient begrudgingly attends all or most social activities but may needs to be persuaded or may terminate prematurely on account of anxiety, suspiciousness, or hostility.
- 5 Moderate Severe Patient fearfully or angrily keeps away from many social interactions despite others' efforts to engage him. Tends to spend unstructured time alone.
- 6 Severe Patient participates in very few social activities because of fear, hostility, or distrust. When approached, the patient shows a strong tendency to break off interactions, and generally he tends to isolate himself from others.
- 7 Extreme Patient cannot be engaged in social activities because of pronounced fears, hostility, or persecutory delusions. To the extent possible, he avoids all interactions and remains isolated from others.



Appendix H (Thick description one, no coding):

	THOU DECORPTION ONE (TD4) M . T
	THICK DESCRIPTION ONE (TD1): Music Therapy session one
	Date: Wednesday 30 March 2016 Total minutes: 50'
	Video 2 of 2: 31'33" into the session
LINE	Occurs between 06'33"and 09'59'
NO.	MT = Music Therapy student
TD1:1	Drums are used as tables in front of each of the participants for small
TD1:2	percussion instruments. We are going round the circle one by one, while the
TD1:3	rest of the group plays a musically supportive role. Each successive solo
TD1:4	has the remaining participants playing percussive instruments. There is
TD1:5	some reticence in becoming involved at first. The MT suspects that because
TD1:6	it is session one, the first time we are together in a group, some group
TD1:7	music therapy acculturation must still take place. The role of the particular
TD1:8	diagnosis in any behaviour should also be considered. There is no eye
TD1:9	contact when we begin the activity, and all join in compliantly when invited.
TD1:10	It is now Douglas's turn. Just before he starts there is music still being
TD1:11	played in the group. Douglas sings a phrase from a (perhaps little — known?)
TD1:12	Afrikaans gospel song. As he sings, the playing in the group comes to a
TD1:13	pause, and there is a sense of expectancy, of waiting for Douglas to sing
TD1:14	again. Douglas is singing something about Jesus being on all sides, though
TD1:15	his enunciation makes following the words difficult. It is only through his
TD1:16	repetition of the phrases in later sessions that the MT realises it must be
TD1:17	drawn from his previous experience and could be an established Christian
TD1:18	gospel song. The song is probably <i>Verslae</i> from a Christian rock band called
TD1:19	Flaming Victory. The delivery is quite matter-of-fact and he mixes spoken
TD1:20	word and song. He floats from speaking into melodic expression of the words,
TD1:21	and ends the phrase returning to his natural speaking voice. The very last
TD1:22	word of the phrase falls off in pitch, sliding down. The song comes out in thick
TD1:23	cascades of words, pauses between phrases, and not underpinned in a
TD1:24	unified rhythmic pulse. Notwithstanding this, his melodic phrasing is
TD1:25	unmistakably diatonic in the key of C.



TD1:26	Lonwabo halts his Xylophone playing as Douglas sings his second phrase,							
TD1:27	turning to look at him. He has not made eye contact before. Tiago, playing							
TD1:28	my guitar quietly, also responds and looks up at Douglas briefly as he sings.							
TD1:29	Tiago tries to strum in accord with Douglas' singing, mirroring the vocal							
TD1:30	delivery with open string strumming. Tiago plays louder now, matching a							
TD1:31	slight energy lift by Douglas. Thukile, impassive and leaning on his elbows,							
TD1:32	turns to look at Douglas too. Thukile spends the rest of the solo rubbing his							
TD1:33	face tiredly with one hand.							
TD1:34	In an effort to encourage Douglas to lead, the MT uses a tambourine to mirror							
TD1:35	Douglas's song — not to try and impose any sort of pulse at all. Here the							
TD1:36	instrument was purely expressively arrhythmic. The MT tries to play his							
TD1:37	phrasing directly, to draw him into a relationship. The MT smiles in							
TD1:38	encouragement as the final phrase of the section of song is sung. The contour							
TD1:39	and cadence of the melody leaves no doubt as to the ending, the tonic note of							
TD1:40	chord one. Douglas decides he has finished, and stops playing. Rocco is							
TD1:41	looking at Douglas, and acknowledges each passing phrase of singing with a							
TD1:42	slight head movement. Rocco is silently watching, but he punctuates the end							
TD1:43	of Douglas's fourth and final phrase with an affirmative djembe hit. He follows							
TD1:44	the hit by a simple rhythm, immediately softer and more retreating. Rocco's							
TD1:45	first hit marks the beginning, or at least the appropriate point of continuation of							
TD1:46	the song itself. It makes musical sense for him to play at that point in time, if							
TD1:47	Douglas had chosen to continue or repeat the song.							
TD1:48	The quieter playing after the initial hit is accompanied by a quick glance up at							
TD1:49	Douglas, like he was taken by surprise that Douglas did not begin singing							
TD1:50	again. He does not stop playing. At the very same moment as the drum hits,							
TD1:51	Lonwabo begins playing a lively xylophone melody, using both hands and							
TD1:52	nodding his head to the beat. He plays using the right hand to state the							
TD1:53	leading rhythmic, and leading melodic motif, whilst the left hand supports by							
TD1:54	adding grace notes sparsely. Rocco continues the rhythm, and is steady but							
TD1:55 clearly drops in volume as the MT speaks into the musical space. The MT								
TD1:56	says thank you to Douglas for his solo. Douglas gives a 'thumbs up'.							
	404							



TD1:57	As if in response, Andrew, Tiago, Rocco play slightly louder, a kind of flourish
TD1:58	during the 'thumbs up' exchange. The music is building, with Rocco setting
TD1:59	the steady beat and Lonwabo improvising. The energy in the group is higher,
TD1:60	there is forward momentum. Out of this more driving energy, Lonwabo playing
TD1:61	his xylophone emerges more prominently. Lonwabo is assuming his role as
TD1:62	the next soloist without intervention. At the same moment the MT was about
TD1:63	to announce Lonwabo as the soloist, he realised Lonwabo had already begun.
TD1:64	At this moment the quality of his playing is urgent, and with higher dynamics
TD1:65	than previously. As the MT is about to speak, Lonwabo looks up and catches
TD1:66	his eye, and intensely and loudly plays for a moment. Lonwabo's eyebrows
TD1:67	raise slightly, as the MT catches himself. The MT realises the soloist has
TD1:68	already begun soloing, and there is no need to say or do anything. The MT
TD1:69	offers a gesture of encouragement and continuation. Lonwabo immediately
TD1:70	goes back to looking at his instrument, and promptly the playing is softer, and
TD1:71	more flowing. He begins to utilise the full range of the instrument, whereas
TD1:72	before he was concentrating on just two or three repeated notes.
TD1:73	Lonwabo's playing has conviction and purpose. He moves his head to the
TD1:74	beat and the tempo is a lively 204 bpm. This means his head is nodding at
TD1:75	a high rate of speed. Even though there is some stuttering in his hand
TD1:76	coordination, missed notes and stick entanglement, Lonwabo mostly
TD1:77	produces a coherent sound. His right hand continues to lead, playing on
TD1:78	every beat of the bar, (four-to-the-floor) however now the left comes in more
TD1:79	often providing textural and rhythmic variations. Yet the way the instrument is
TD1:80	played is quite hard and uncompromising. Something of a pattern to his
TD1:81	playing begins to emerge as well. He works his way from the high G note to
TD1:82	the lower notes, then from the A and down, and then from the B, and so on.
TD1:83	In other words each phrase begins on successively higher notes.
TD1:84	Soon after Lonwabo had begun, Tiago joined in with gentle accompanying
TD1:85	guitar complimenting the soloist. Though Rocco is the loudest, Tiago
TD1:86	concentrates on what Lonwabo is doing, respecting the leader as he was



TD1:87	(hopefully) respected to lead. Thukile does not join in, he looks interested but
TD1:88	is still leaning on his knees. Every few seconds he swivels his head to look at
TD1:89	Tiago on the guitar next to him. Douglas holds a tambourine in two hands,
TD1:90	resting on the drum in front of him. Verbal interaction occurs between
TD1:91	Lonwabo and Douglas during the music making. Douglas turns to Lonwabo,
TD1:92	attempting to sing (converse?) with him. Douglas says/sings two indistinct
TD1:93	words. Lonwabo looks up at him, first looks back at his Xylophone before
TD1:94	shaking his head in the negative. Douglas keeps looking at Lonwabo for a
TD1:95	moment, then scratches his nose, and sinks deeper into his chair looking
TD1:96	downwards. Nevertheless, after about 5 seconds, Douglas looks around the
TD1:97	group and begins playing his tambourine. The quality of his playing subdued,
TD1:98	yet he is connected to the pulse. He gently taps the tambourine on the side of
TD1:99	the drum a few times, then shakes it in a roll, forming the pattern of his
TD1:100	playing. Andrew sits looking down at his mbira, playing softly, and adding light
TD1:101	mellow tones. Andrew is playing to the same pulse of the group, though
TD1:102	deeply absorbed in his own instrument and looking down constantly. The MT
TD1:103	reflects Lonwabo's music by also stating the pulse with a tambourine, using
TD1:104	his left hand. The MT joins up with Rocco in holding a rhythmic
TD1:105	accompaniment by using his right hand to play the djembe.
TD1:106	After some time, the quality of Lonwabo's playing begins to change. He
TD1:107	begins to sound stuck playing the same thing over and over again. It is
TD1:108	mildly perseverative. Rocco adjusts his
TD1:109	accompaniment to something more textured and varied, Lonwabo does not
TD1:110	appear to respond to this musical suggestion or variation. Rocco and
TD1:111	Lonwabo are however locked into the same tempo. Douglas plays the pulse
TD1:112	nonstop with little variation, with a consistently loud dynamic level. Lonwabo's
TD1:113	melody goes through a transformation, and tiredly narrows down to become
TD1:114	centred around one note, going up in pitch and back down to the same
TD1:115	note. The range of his melodic playing is thus condensed. Douglas glances
TD1:116	at the MT, and then quickly down again.
TD1:117	The MT invites Lonwabo to sing with his own playing, careful not to derail his
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TD1:118	
	soloing, or of the 'backing band'. Lonwabo looks down and then sings a long
TD1:119	tentative gentle F note. The xylophone is in the key of C. The note gains in
TD1:120	volume to a slight crescendo. He ends the sung phrase with a skipping
TD1:121	melodic turn introducing two more notes, G and D. The feeling of his singing
TD1:122	is softer and more delicate than his playing. Lonwabo's improvised xylophone
TD1:123	melody gains a softer malleable quality. After he has sung the first phrase, he
TD1:124	falls silent. The MT then mirrors his sung phrase and wait for a response.
TD1:125	There is a kind of musical conversation developing between Lonwabo and the
TD1:126	MT. After mirroring him a few times, the MT decides to join him in unison
TD1:127	when he repeats a phrase. Lonwabo responds with energy, and a louder
TD1:128	more dynamic vocal quality. The 'band' is playing with intent and sparkle. All
TD1:129	are playing now except for Thukile, who nevertheless seems to be invested in
TD1:130	the experience; he is still leaning forward on his knees and looking with
TD1:131	interest at the various performers.
TD1:132	Because the MT is more honed in on Lonwabo's singing, the MT misses his
TD1:133	rhythmic change on the xylophone. Whilst the singing carries on similarly in a
TD1:134	kind free floating expression, Lonwabo's instrumental accompaniment on
TD1:135	xylophone changes right down to a steady 115 bpm. Suddenly the MT stop
TD1:136	playing, because he realises the need to follow Lonwabo's direction. Rocco
TD1:137	on the drum catches Lonwabo's change on the Xylophone, without needing to
TD1:138	stop. Rocco, is the first to respond out of all of us, and we all follow suit. The
TD1:139	MT falls in again, playing There is a strong, assured quality to the music.
TD1:140	The improvisation comes to a natural conclusion as Lonwabo slows the beat
TD1:141	even more to a stop, and relative silence falls in the room
TD1:142	After the MT thanks him, attention shifts to Rocco for his solo. There is a
TD1:143	second more of silence, and Rocco responds to the moment, playing a
TD1:144	pianissimo tambourine roll. It appears he is very aware of musical contour,
TD1:145	colouring and aesthetics because it sounds like an introduction. There is
TD1:146	anticipation and the tension of excitement. He has decided to take us in a new



TD1:148	hand back and forth knocks the zils (metal jingles on the side) against each
TD1:149	other in increasing volume, creating a blanket of metallic shimmering,
TD1:150	arrhythmic and intensely atmospheric. The brief pregnant silence (again) that
TD1:151	follows is broken by Rocco simultaneously playing his djembe, and singing 'I
TD1:152	love life, I love my life, I love life'. The quality of both playing and singing is
TD1:153	gentle but assured, as Rocco looks up and ahead, though at no one in
TD1:154	particular. Rocco's external affectation is blank. He had been staring
TD1:155	downwards the entire activity, disconnected from a visual perspective. The
TD1:156	playing and singing fit together cohesively through rhythmic similarity. His
TD1:157	tempo is 84 bpm, and consistent. Each word is accented delicately on the
TD1:158	drum, using the fingertips of one hand, and the tambourine in the other. The
TD1:159	musical concept he introduces is clear. It is plain where it begins, and where it
TD1:160	ends. There is a sense of the finality of a finished artwork. There is an ease to
TD1:161	this musical piece, and the coherence comes from the soloist first. Rocco is
TD1:162	expressing a musical idea using three different musical instruments — voice,
TD1:163	tambourine and drum. He is simultaneously producing added layers of lyrical
TD1:164	content and melodic contour, though again minus facial affectation. There are
TD1:165	four identifiable musical processes
TD1:166	The group responds enthusiastically and renews their musical involvement.
TD1:167	The idea is so coherent, it seems to be immediately identifiable and relatable
TD1:168	to the rest, and so we play together easily. A slower tempo often indicates a
TD1:169	more relaxed energy, however in this case it is incidental to the increased
TD1:170	energy levels in the room. Thukile asks for the guitar, and immediately begins
TD1:171	playing with the group for the first time. Andrew begins lifting both feet and
TD1:172	bringing them down on the beat of the music, bobbing his head, playing his
TD1:173	mbira more emphatically. Douglas plays his tambourine using the identical
TD1:174	beat template established by Rocco. The group begins to 'breath' the music
TD1:175	together, there is a kind of cohesive mutual expression of music. It must be
TD1:176	noted that this is sustained for a very short space of time — approximately
TD1:177	ten-seconds.
TD1:178	This short period is brought to an end when Thukile begins to play the guitar
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	END
101.200	ididie activity.
TD1:205	interruption, came a change to the therapeutic landscape and a source for future activity.
TD1:204	and produces rhythmic cohesion from the word go. From one participant's
TD1:203	training (not one chord learned before) he attacks the strings with conviction,
TD1:202	the activity by performing a vigorous piece. Though he does not have any
TD1:201	MT offers Thukile a chance to play the guitar, and he does so. Thukile ends
TD1:200	MT offers Tiago a chance to play for the group on guitar. Tiago refuses. The
TD1:199	passage of the music. The round of soloists is over, each has had a turn. The
TD1:198	In general there is a higher dynamic volume, and eager participation in this
TD1:197	pattern.
TD1:196	traditional way, shaking the zils and striking the edge on his palm in a set
TD1:195	tambourine resting on Douglas's drum. Tiago plays the tambourine in the
TD1:194	carefully and exactingly. He reaches out and removes the now free
TD1:193	our whole group improvisation. Tiago immediately puts his whistle down, very
TD1:192	a group improvisation now, my attention is not on Rocco as a soloist, but on
TD1:191	different slide whistle and begins to play. As Rocco's solo has developed into
TD1:190	melodic material more or less. A few seconds later, Douglas also picks up a
TD1:189	Tiago picks up and plays the slide whistle, matching the cadences of the
TD1:188	singing grows in confidence with each passing phrase.
TD1:187	together. Rocco, Lonwabo, Douglas, Thukile, Andrew, and the MT sing. The
TD1:186	resilience and momentum. The MT suggests we all sing Rocco's short song
TD1:185	music in the group continues for a short time, showing some inherent
TD1:184	from the group — to give Rocco our full attention in leading the music. The
TD1:183	immediately shifts focus to Rocco and models clearly what the MT wishes
TD1:182	please wait as he has had his turn, or play a little bit quieter. The MT
TD1:181	realises some balance must be restored. The MT requests that Thukile
TD1:180	Andrew tries to gain my attention, and annoyedly points out Thukile. The MT
TD1:179	much more loudly and at odds with the established tempo and rhythm.



Appendix I (Thick description two, no coding):

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	THICK DESCRIPTION TWO (TD2): Music Therapy session six
	Date: Wednesday 29 April 2016
	Total minutes: 70
LINE NO.	Occurs between 55'44" and 60'51" MT = Music Therapy student
TD2:1	Samual is about to take his place on the throne but is still seated, hunched
TD2:2	over with his elbows on his knees. His shaker is loosely in his hand while he
TD2:3	languorously plays it by intermittently, rolling his wrist. He is the second person
TD2:4	to take the throne since the activity began. Andrew has just played his solo
TD2:5	and remains in the drum throne seat, quickly folding his hands and sitting
TD2:6	resignedly back on the chair . Andrew begins to cough continuously as he
TD2:7	nods nonchalantly at my thank you. Samual is still giving his shaker the odd
TD2:8	jiggle, as Thukile, sitting next to him, communicates assertively with Andrew.
TD2:9	Thukile is pointing and gesturing at Andrew emphatically, saying he must take
TD2:10	the next seat on. Just before the above exchange, Samual is looking
TD2:11	downward, his head bowed and shoulders hunched as if expecting reprimand.
TD2:12	He continues resting his elbows on his knees. Thukile takes on a leadership
TD2:13	role and his presentation is firm but somewhat abrupt, almost surly. It is a
TD2:14	command, replete with pointing. Andrew, still coughing, reacts cooperatively,
TD2:15	and complies by immediately vacating his seat. Andrew moves to sit down in
TD2:16	the empty seat to the right of the drum throne. Thukile now turns his attention
TD2:17	to instructing Samual where to sit.
TD2:18	The MT realises Thukile is introducing an alternative operational system to
TD2:19	carry out the activity, at odds with his own. As such Thukile's commands seem
TD2:20	directed to the efficiency of carrying out the activity. His design requires that
TD2:21	each participant stand up and move to the next available seat on their right, at
TD2:22	the beginning of each solo. This would of course also necessitate the entire
TD2:23	group standing and moving one seat to the right.
TD2:24	It takes a second for Thukile's intention to penetrate, and the MT principally
TD2:25	undertook to prevent Thukile from possibly appropriating the therapeutic
TD2:26	space. The MT was quick, perhaps too quick, to say 'No, no, hold on Thukile,



TD2:27	let's allow each guy to' The MT trails off, maybe the therapeutic space is not
TD2:28	in jeopardy. Thukile is busy directing Samual to take the throne seat. Thukile
TD2:29	uses his hand to make adamant nudging contact with Samual in the rib area,
TD2:30	and points to the drum seat. Thukile does all of this whilst grunting a one
TD2:31	syllable word (indecipherable). Samual springs up, seeming to understand and
TD2:32	obey Thukile at once. As the MT's interjection (above) occurs, with the MT
TD2:33	saying 'No', Samual laughs fatuously, and embarrassedly, and he plonks
TD2:34	himself back down quickly. The MT pauses and 'umms' pensively then says,
TD2:35	Ok, ja let's do that'. The MT begins to relay how it will work to the participants.
TD2:36	Samual looks confused sporting a slight puzzled smile, but immediately
TD2:37	Thukile more gently takes his elbow and directs him to the seat. In response
TD2:38	Samual springs up to take his seat at the drum throne, though maintains an
TD2:39	uncertain demeanour. Thukile immediately moves to sit in the chair that
TD2:40	Samual was occupying, and leans forward markedly watching Samual with an
TD2:41	unwavering eye. As Samual stands up he attempts to hand his shaker to
TD2:42	Thukile, but there is no response. As Samual sits down he again moves the
TD2:43	shaker towards Thukile, clearly but silently he is communicating that Thukile
TD2:44	should take it. Samual's hand is waved away. Samual mechanically offers
TD2:45	Thukile the shaker for a third time, but is ignored as he redirects the
TD2:46	movement in order to place the shaker on the ground next to him. Samual
TD2:47	slightly adjusts the position of the drums around him, finding a more solid
TD2:48	footing. He starts playing on the farthest most drum on his right hand side,
TD2:49	turning away from Thukile (who is sitting on his immediate left). Thukile
TD2:50	is still looking intently at the soloist, expression unchanged. During the
TD2:51	interactions described between the MT, Thukile and Samual, Tiago looks on
TD2:52	and stops playing the xylophone. He terminates his playing as soon as Samual
TD2:53	takes his seat. Tiago smiles unreservedly to himself, glancing at his xylophone,
TD2:54	and rubs his ear. He looks up, then down, then up again with an incredulous
TD2:55	expression, opening his eyes wider. He is watching and reacting to the drama
TD2:56	of Samual taking his seat. He concludes with shaking his head slightly, looking
TD2:57	downwards, and laughing to himself. As Samual begins to play his drum solo,
TD2:58	Tiago looks up at him.
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TD2:59	Samual begins playing with a solid and confident stroke. He is looking at his
TD2:60	hands, and there is a sense of focus and concentration to his movement. He
TD2:61	strikes exactly on beats one, two and three, with the fourth being silent. There
TD2:62	are four beats to the bar. His pulse is steady and solid. The tempo is moderate
TD2:63	at 110 bpm. He plays the set one bar pattern leading with his right hand, and
TD2:64	repeating the pattern two or three times on the same drum. He then moves to
TD2:65	the next drum and plays the same sequence verbatim. There is a predictability
TD2:66	and organisation to the sequence. He continues to play with conviction, the
TD2:67	volume increasing to forte (a higher dynamic level). The MT joins in reflecting
TD2:68	the solid foundation rhythm. The MT intuitively encourages the others to join in
TD2:69	with Samual. Thukile was still looking intently at Samual, and reluctantly
TD2:70	dragged his eyes away after the MT said 'Come on let's all play with
TD2:71	Samual.' Thukile at first plays his small hand-held mbira by slapping the
TD2:72	rounded seed-pod body enclosure a few times, mirroring Samual's beat
TD2:73	exactly (same rhythm, same tempo, and same pattern). He stops, looks at me,
TD2:74	scratches his cheek and repositions the mbira. He now plays the mbira with his
TD2:75	right thumb, cradling it with his left hand. Thukile looks from the MT to his
TD2:76	mbira. The MT notices Thukile's glance peripherally but the MT is looking, and
TD2:77	playing, with manifest attention on Samual. The MT is modelling the behaviour
TD2:78	the MT wishes for the group. Thukile looks back at the MT with uncertainty,
TD2:79	glances at Samual before looking at his instrument. Thukile repeats this again,
TD2:80	from the MT to Samual to his own instrument. Thukile has a quizzical look, and
TD2:81	his expression denotes a searching quality. Thukile then plays for a more
TD2:82	extended time looking at his mbira, for around eight bars of music. There is
TD2:83	also some lip movement, perhaps softly talking or singing to himself. When
TD2:84	Thukile eventually looks up, he seems unfocused for a moment, and turns
TD2:85	slightly to look at Samual's face (not the drums he is playing). After Thukile
TD2:86	plays some more for a short while, Thukile looks up again, straight to Samual,
TD2:87	eyes flitting over the man and the instrument, in that order. Another short spell
TD2:88	of playing and he looks at Samual. But this time he stays looking at Samual,
TD2:89	while both continue playing. Thukile remains looking up, mainly at Samual,
TD2:90	until the end of the solo where we all sing Shosholoza together.



TD2:91	As Samual starts his solo Douglas stares ahead blankly, tambourine
TD2:92	motionless in both hands, on his lap. Every so often takes a deeper breath,
TD2:93	lifting his shoulders slightly, then slumps down again exhaling heavily. The MT
TD2:94	reflects Samual's steady and purposeful beat, using the heel of my hand on
TD2:95	the sound box. The MT is playing fortissimo and animatedly, integrant to the
TD2:96	modelling. Douglas looks up sedately, his eyes are unfocused. He looks
TD2:97	around ponderously and his eyes rest on the guitar The MT is holding. He
TD2:98	keeps his eyes trained on the MT's guitar for a short time. Douglas looks back
TD2:99	to the group, and then at the soloist, a slightly more lively presence. Douglas is
TD2:100	still motionless otherwise. He looks at the guitar again, and his eyes return to
TD2:101	Samual's drums. He does not return to staring blankly ahead at this time.
TD2:102	Lonwabo looks towards Samual, and plays his tambourine with his forefinger,
TD2:103	drifting in and out of the tempo. The tambourine is held in the gap created by
TD2:104	Lonwabo's open legs. It is at an angle to the ground, and sits below the level
TD2:105	of his knees. He uses his wrist to flick down on the drum, and he is clearly
TD2:106	audible. Lonwabo follows the pattern itself competently. However he seems to
TD2:107	constantly have to adjust where he begins the pattern along the
TD2:108	tempo-specified timeline. In other words he is not responding, in a
TD2:109	conventional manner at least, to the pulse. The pulse is steady (as created
TD2:110	and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the
TD2:111	pulse, to varying degrees. He does seem to be listening though, because he
TD2:112	readjusts his pattern to fit Samual's every so often. It is accurate to say that for
TD2:113	every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.
TD2:114	As soon as he drifts too far out of the set pulse, he seems to realise,
TD2:115	reassesses Samual's playing, and adjusts accordingly. Each correction to his
TD2:116	musical output, is accompanied by glances to Samual just before the
TD2:117	correction takes place. The glances do not convey any thought or emotion. It
TD2:118	would appear he is taking in visual as well as aural information.
TD2:119	Larry plays his shaker supportively, not looking at Samual. He seems to be
TD2:120	concentrating on his own musical contribution. He is clearly playing and



TD2:121	improvising on the pulse as dictated by Samual. Tiago alertly waits for four
TD2:122	patterns to complete before he plays his xylophone. He is looking at Samual
TD2:123	and slightly nodding his head to the pulse. However the xylophone at first
TD2:124	seems to be played in a fairly random rhythm, and perhaps not in the same
TD2:125	pulse. Tiago is playing a free-flowing melody in a rubato style, and
TD2:126	superimposing it on Samual's steady beat. A discernible pattern emerges; he
TD2:127	relates xylophone pitches to the drum hits, though he continues to 'ignore' the
TD2:128	timing. In other words his xylophone music reflects the drum pattern, but not
TD2:129	the drum pulse. If the drums are hit three times per phrase, similarly the
TD2:130	xylophone plays phrases grouped into three, but with rubato phrasing. The
TD2:131	xylophone phrases are stretched out over the timeline
TD2:132	Gradually during Samual's solo, he introduces a reverse-flam on each stroke,
TD2:133	played by his hitherto unused left hand. A flam is a stroke preceded by a
TD2:134	grace (an embellishment) note — but Samual was playing the reverse of this,
TD2:135	a softer grace note just before the main stroke. The reverse-flam seems to
TD2:136	come about naturally because Samual is moving his left hand from the
TD2:137	beginning, but only gradually starts making more and more contact with the
TD2:138	actual drum skin. The left and right hands are moving up and down together.
TD2:139	As the reverse-flam gains consistency, Samual continues using it as an
TD2:140	incorporated whole in his rhythmic expression.
TD2:141	As the instruments start falling quiet, the MT begins singing the opening of the
TD2:142	familiar group song, Shosholoza, for this activity. The MT plays the chords of
TD2:143	the song using the same rhythmic motif that Samual established, attempting to
TD2:144	provide some musical continuity and to maintain flow. Samual gets up of his
TD2:145	own volition and makes way for the next soloist - Thukile. The song lifts the
TD2:146	energy, and there is some more vigorous as playing along as well as some
TD2:147	languid singing along. Thukile sits down on the throne during the song and
TD2:148	plays with the song. He is leaning on one elbow, and the other hand is playing
TD2:149	the drum. Only his fingertips are extended to make contact with the drum skin.
TD2:150	After two verses the MT stops, and by this time there is a slightly enhanced
TD2:151	sense of activity: Larry adjusts his seat energetically, Andrew ends with a small
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TD2:152	tambourine flourish, Tiago tightens the heads of his mallets eagerly, Lonwabo
TD2:153	had played in double-time, Samual had taken his seat, and only Douglas
TD2:154	remained impassive. The MT slows the song to a complete stop in order to
TD2:155	create a silent opening for the next soloist, and to avoid having all the solos in
TD2:156	the same tempo and feel of the song.
TD2:157	Thukile stops playing with the ending song. Now he starts a slow new rhythm
TD2:158	that feels almost funereal. Thukile's head is at an odd angle, looking down to
TD2:159	the side as he leans over the drums, on one elbow. The free hand is in a
TD2:160	striking claw' position, and he plays the drums with his fingernail tips. The
TD2:161	tempo is a slow ballade at about 64 bpm. There is a steady quality to the
TD2:162	pulse; there is no unpredictability in terms of feeling the beat. Thukile holds
TD2:163	the tempo solidly. Soon Thukile rights his back slightly, and changes his head
TD2:164	position to more upright. He begins experimenting around the drums at his
TD2:165	disposal, sometimes taking minute pauses before striking. it looks like he is
TD2:166	scanning the drum set, and almost instantaneously striking one of the drums
TD2:167	The small pauses do not affect the tempo. He adds syncopation, and plays
TD2:168	more freely over the drums, similarly to how one might imagine a regular or
TD2:169	professional drum solo performance. He roves over the drum surfaces,
TD2:170	completely focused on his solo, looking at his hands. The tempo begins to rise
TD2:171	slightly, but there is still a steady feel. The 'melody' he is playing is similar in
TD2:172	form to Tiago's xylophone melody of the previous solo. Tiago played in groups
TD2:173	of three, and used the formula: one note lower (like C), the next two notes
TD2:174	higher (such as D, and D again). Thukile also reflects this grouping clearly,
TD2:175	albeit amongst more complex syncopated embellishments and thematic
TD2:176	developments. He reflects this shared formula by striking a low pitched drum
TD2:177	once, and a higher pitched smaller drum twice. There is similar thematic
TD2:178	musical material recognisable going from Samual, to Tiago, and now
TD2:179	Thukile.
	Thukile continues to play the drums with his hand in a claw position,
TD2:180	striking the drums with the very tips of his fingers and or fingernails. The fact
TD2:181	that each finger is slightly different in length, and the way Thukile curls his



TD2:182	fingers, makes each hit a kind of flam. There is a short drum-role of about four
TD2:183	different notes (one for each finger) very close together. It creates an arresting
TD2:184	textural effect, where there is no doubt of where the pulse sits, but the actual
TD2:185	musical delivery of said pulse sounds 'floppy' or 'fuzzy'. His posture is also
TD2:186	interesting, still crouching over the drums, resting his elbows on his knee
TD2:187	where possible, his head often turned sideways.
TD2:188	Thukile's rhythm begins to change, introducing ever more syncopation and
TD2:189	unpredictability to his steady reliable pulse. Thukile speeds up the tempo
TD2:190	again, and after some experimentation with finding his desired pattern, arrives
TD2:191	at a finished product, so to speak. He retains the rhythmic 'pocket' of this new
TD2:192	repeated pattern and sticks to it. The tempo is now 109 bpm. The MT is not
TD2:193	providing any rhythmic facilitation for Thukile at this moment, the MT simply
TD2:194	supports the participant's expression. The MT has nothing to do with holding
TD2:195	tempos - The MT is taking direction from the group leader on the drum throne.
TD2:196	The MT supports Thukile's new tempo with an improvised chord sequence
TD2:197	played in a rhythm closely related to the feel of the drum groove. There is a
TD2:198	developing collective support of his beat growing. Lonwabo decides to swop
TD2:199	his Tambourine for a shaker, and takes to playing it with renewed vitality, along
TD2:200	with the drum groove. Andrew changes his style of playing the bell-shaker, and
TD2:201	brings in the use of his other hand. He creates a more bouncing
TD2:202	accompaniment to the previous tempo. Tiago looks on, watching Thukile.
TD2:203	The music is directed by Thukile into yet new territory. Keeping the pattern
TD2:204	confidently repeating on the drums, he begins to sing short phrases in kind of
TD2:205	chant. He looks up when he sings, eyes partially closed. It is tuneful singing,
TD2:206	made gruff in the style of vocal delivery. The MT is playing short chord 'chops'
TD2:207	on the guitar, in close synchrony with the drum pattern. The MT plays almost
TD2:208	the identical rhythm to the drum solo, but the guitar chords are not only
TD2:209	rhythmic - they also add a cycle of harmony. Andrew is nodding his head to
TD2:210	the music. Thukile sings his chant phrases, closely fitting his drum pattern. For
TD2:211	a brief few seconds, the group is playing at the same time, while Thukile is
	470



TD2:212	singing. Thukile decides to end the solo with a sudden stop, right at the end of
TD2:213	his phrase. He comes to the end of his singing phrase, simultaneously with a
TD2:214	drum hit, and gets up to sit down.
TD2:215	Next up is Tiago. At first his playing is very evocative of an orthodox drum solo
TD2:216	style. He plays all the drums in quick succession, and is freely moving from
TD2:217	one to the other with no noticeable pattern. His hands blur in motion as he
TD2:218	plays fast rolls. He seemed to have facility to use both hands in relative
TD2:219	independence. As soon as Tiago had started, Andrew raised his bell-shaker
TD2:220	and played while looking interestedly at Tiago. Tiago's drum tone is fresh and
TD2:221	bouncy. He has a way of playing the drums that look as if his hands are
TD2:222	snapping back into place after a hit. His solo is listened to quite attentively by
TD2:223	the group, but there is little room for playing together. Suddenly Tiago plays a
TD2:224	fast steady beat, at 211 bpm. Just as heads begin to bop, and instruments
TD2:225	begin to play 20 seconds later it is over. Tiago looked genuinely happy when
TD2:226	he ended, with a broad smile. Tiago usually has a default stern, detached look.
TD2:227	Larry sat down and immediately began playing a cohesive groove over two
TD2:228	drums, sounding to me like hip-hop. Both of his hands played, each hand
TD2:229	doing different things. The tempo is 105 bpm. The MT finds a simple riff on
TD2:230	guitar to accompany the feel. Others begin to play along tentatively but
TD2:231	without invitation. Tiago plays a simple two note refrain, always looking
TD2:232	intently at the soloist. It appears as if he was taking cues on what to play from
TD2:233	the soloist. Lonwabo also plays along, but in a perfunctory manner, looking
TD2:234	decidedly uninterested, staring out the window for the duration. Andrew is
TD2:235	nodding his head and playing an inventive rhythmic accompaniment with the
TD2:236	shaker - keeping the pulse and adding an upbeat. Samual is playing his
TD2:237	three-headed shaker in a gentle quiet way, similarly looking intently at Larry.
TD2:238	Thukile and Douglas sit watching Larry.
TD2:239	Larry maintains an impassive expression at first. Larry approaches his music
TD2:240	making in a very relaxed manner, in fact his demeanour seems disengaged, or
TD2:241	uninvested — yet what he plays is carefully constructed and executed



	END
TD2:251	music, as well as the soloist.
TD2:250	refrain, growing into a vocal accompaniment that is appropriate to the group
TD2:249	the music is beginning to move him. Anthony begins to sing a repeated soft
TD2:248	encouragement. Larry moves his head and shoulders ever so slightly, as if
TD2:247	looks up at the shaker itself, and strikes one louder stroke, as if in
TD2:246	manner, changing the sonic landscape in a subtle but definite way. Larry again
TD2:245	Lonwabo begins to play his shaker in a louder and more rhythmically assured
TD2:244	Larry looks at the guitar itself. There is no discernible expression on his face.
TD2:243	pre-conceived idea. As my guitar riff gains a set pattern and feels more solid,
TD2:242	precisely over all the drums at his disposal. His drum pattern suggests a



Appendix J (Thick description three, no coding):

Date: Friday 06 May 2016 Total minutes: 75 Occurs between 30'57" and 36'02" MT = Music Therapy student TD3:1 This is the last session of the study. The day is characterised by participants tetting go and finding a way to express themselves more freely through music. TD3:2 letting go and finding a way to express themselves more freely through music. TD3:3 We are singing a song together, written by the group and based on the melody TD3:4 of 'a wonderful world'. The song had been sung in its original form first, and TD3:5 had been requested by the group near the beginning of the research program. TD3:6 The idea was that the group uses the song as a basis to explore topics and TD3:7 feelings of importance to each member. The MT had previously facilitated a TD3:8 process where each participant wrote a poem about some things that may be TD3:9 emotionally comforting, and later add to the poem describing upsetting, angry TD3:10 or frustrating things. The most important thing, the MT had stressed, was that TD3:11 it must be genuinely important for that participant. Parts of each poem had TD3:12 been incorporated into the song. The process was a workshop, where the final TD3:13 product was as a result of a group process. Each participant had the TD3:14 opportunity to build their poem into the song, as well as make suggestions for TD3:15 the song as a whole. In this way every participant had a chance to both sing TD3:16 and have everyone sing their particular line. The song writing activity that TD3:17 focussed on some of the negative aspects brought up by the clients was TD3:18 turned into a rap-style activity. The MT took the final workshopped product and TD3:19 typed up the lyrics. Roughly every two lines of song text belongs to a different TD3:21 Here are the final lyrics: TD3:22 I see Roses so red, TD3:23 I see Roses so red, TD3:24 It makes me happy TD3:26 And I think to myself what a wonderful world.	• •	THICK DESCRIPTION TURES (TD2): Music Thereny esseries six
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TD3:24 It makes me happy TD3:25 I don't like violence for me and you TD3:26 And I think to myself what a wonderful world.	TD3:22	
TD3:25 I don't like violence for me and you TD3:26 And I think to myself what a wonderful world.	TD3:23	I see Roses so red,
TD3:26 And I think to myself what a wonderful world.	TD3:24	It makes me happy
, , , , , , , , , , , , , , , , , , ,	TD3:25	I don't like violence for me and you
TD3:27	TD3:26	And I think to myself what a wonderful world.
	TD3:27	



TD3:28	I like lots of food
TD3:29	and then to move
TD3:30	The music sounds good, please don't be impolite
TD3:31	And I think to myself what a wonderful world.
TD3:32	
TD3:33	The colours of the music so pretty to the ear
TD3:34	And great sports on the field
TD3:35	Are also on my mind
TD3:36	Don't let friends fight, let's not be angry
TD3:37	I'm really saying I love you.
TD3:38	
TD3:39	I like some give and take
TD3:40	but also pay me back
TD3:41	Computer electronics are so cool
TD3:42	And I think to myself what a wonderful world
TD3:43	Yes I think to myself what a wonderful world
TD3:44	This description begins on the last verse. Everyone except Douglas has their
TD3:45	eyes on their individual lyric sheets, but it seems everyone is singing. It is hard
TD3:46	to discern who is not singing, if anyone. There is a feeling of shared
TD3:47	concentration and focus, and performance. Douglas is singing with the group,
TD3:48	quite loudly, but rushing ahead slightly. He has the lyrics loosely folded in half
TD3:49	on his lap. Andrew, Lonwabo, Thukile, Rocco and Samual have their sheets in
TD3:50	front of them resting on the djembe drums (often used as a convenient table
TD3:51	surface). Tiago holds his up with one hand resting on the drum.
TD3:52	After the MT sings one line, he fades his voice out and just strum the chords.
TD3:53	The group buoys the song, and continues to perform it together. There is a
TD3:54	togetherness in the vocal delivery, where the participants drive the momentum
TD3:55	of singing the song together, without the MT needing to buoy or guide it. The
TD3:56	words and melodic phrases move together, and the participants are singing
TD3:57	relatively loudly and enthusiastically. Because they are all reading off the lyric



TD3:58	sheet, and their heads are buried, there are very little visual clues suggesting
TD3:59	demeanour and so on. There are however very subtle body movements during
TD3:60	the last verse of the song. Tiago is swaying to the rhythm, using very small
TD3:61	movements. Samual's head moves to the pulse, as he looks at the lyric sheet
TD3:62	in front of him. Rocco sings the loudest, and at times taps his foot. Thukile also
TD3:63	sings heartily, and nods his head to the music. Douglas moves his upper body
TD3:64	slightly back and forth in the plastic-backed chair, to the pulse of the music. He
TD3:65	appears to engage with the elasticity of the seat itself, where the chair back
TD3:66	propels him forward after he leans back onto it.
TD3:67	The last verse has a tricky repeated phrase at the end, yet the group handles
TD3:68	it, managing to sing the same words, melody and phrasing together. The MT
TD3:69	trips up, landing on the wrong chord (dominant V7) but soon corrects to the
TD3:70	tonic chord. As the last chord continues and then dies away, there is a moment
TD3:71	of silence. The MT is moved, and quietly offers heartfelt praise. A significant
TD3:72	meaningful silence. Thukile looks up quickly and expectantly, folds his arms
TD3:73	and sits up in his chair. Rocco slowly raises his eyes, as if waiting for
TD3:74	something to be said, but does not change his posture at all. He seems slow in
TD3:75	his movements, as he goes back to looking down at the lyrics. Samual looks
TD3:76	up from under his cap enquiringly, as if he is peeping out. He sees me looking
TD3:77	at him, and shyly lowers his head slightly, so the peak covers his eyes. Tiago
TD3:78	puts his page on the drums, sits back and looks up with a hint of a smile. He
TD3:79	folds his arms and swivels his legs from side to side in parallel. Andrew looks
TD3:80	up quickly at the end of the song, as if in anticipation of something. He
TD3:81	scratches his head for a long while. Andrew looks at Tiago, and sees the lyric
TD3:82	sheet and decides to gather it. It is a gesture of aid, and he does it in a matter
TD3:83	of fact way, leaning forward and taking from Tiago's drum. He gathers more
TD3:84	lyric sheets before sending them round the other group members, to me. The
TD3:85	lyric sheets come back to me from the other side too.
TD3:86	Into the musically silent group space, Samual begins playing on the djembe,
TD3:87	softly with his hands, and then with his fingertips. The MT begins talking about
TD3:88	the next activity, introducing it. He becomes softer and softer as the MT talks.
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TD3:89	We are going to do a rap and hip-hop improvisation, using a backing track the
TD3:90	MT had arranged. The rap is meant to be for blowing off some steam, the
TD3:91	opposite of 'A Wonderful World'. The MT goes over to the table. Tiago picks up
TD3:92	the djembe, holds it elevated off the floor, and all the way up between his
TD3:93	knees, and plays a complex pattern in a forceful confident manner. Sitting up
TD3:94	with a straight back, his eyes are level with the top of the drum. The beat
TD3:95	consists of an initial ringing out strike in the middle (bass) area of the drum,
TD3:96	followed immediately by rapid strokes on the (treble) edge of the drum. The
TD3:97	timing is approximately 3/4, as he accents the rapid strokes on every three.
TD3:98	He concludes the pattern with a loud slightly uneven flourish played by both
TD3:99	hands. It creates a sort of drum roll effect. Tiago continues this pattern at a
TD3:100	steady 111 bpm, though there are some in-between pauses.
TD3:101	The MT is preparing the music player and the participant's 'prepared' guitar for
TD3:102	the activity. As the MT checks the tuning (open strings sound C chord),
TD3:103	Samual firmly gestures to the MT that he wants the guitar. The MT, surprised,
TD3:104	passes him the guitar. The guitar is one of the available instruments we can
TD3:105	use for this activity. The aim is to support the rapper. Samual's gesture is
TD3:106	confident and bold, very different from the demeanour he maintained just
TD3:107	moments ago. He went from a more hidden, shy countenance, to one of
TD3:108	almost flamboyance. As he receives the guitar a broad happy smile spreads
TD3:109	across his face. The smile is directed at the guitar itself. He places the guitar in
TD3:110	the playing position, looks up and smiles at Andrew, and either says something
TD3:111	while laughing out loud. This is somewhat momentous, as Samual has
TD3:112	refrained from spontaneous behaviour. He has never as clearly motivated
TD3:113	interaction with any participants before this. The most he has done is make
TD3:114	eye contact, and mild gesturing. He has certainly hardly smiled before. There
TD3:115	is also a quickening of his body movements, where before he seemed
TD3:116	lethargically slow. Andrew looks back and starts smiling as Rocco receives the
TD3:117	guitar. It is a simultaneous exchange of smiles, accompanied by head flicks in
TD3:118	mutual acknowledgement. At this moment, all are either looking up, or looking
TD3:119	at each other. Postures are reasonably erect in the chairs. The MT includes
TD3:120	Douglas in this observation, as at other times he appears very lethargic. His
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TD3:121	legs are set apart, with a djembe drum in the middle. All are seated in a circle,
TD3:121a	within touching distance.
TD3:122	Andrew now sits up more in his chair, with both hands on his djembe in
TD3:123	readiness to play. Tiago is still playing loudly, but with a great amount of
TD3:124	musical cohesion. As soon as the guitar is given to Samual, Thukile folds his
TD3:125	arms together, looking at the guitar being handed over. His face seems set, a
TD3:126	frown on his brow, and he follows me with his eyes. Lonwabo plays his djembe
TD3:127	along with Tiago softly, his hands are moving, but too softly to hear. This is
TD3:128	taking place spontaneously, before the rap activity. Now Samual begins to
TD3:129	play. He picks up on the exact same tempo Tiago stipulated. He plays
TD3:130	confidently through all the strings on each stroke. There is a ringing out quality
TD3:131	to his playing, and a formed concept. It is upbeat, the tempo at 210 bpm. He
TD3:132	occasionally places his left hand (the non-strumming hand) on the strings. The
TD3:133	left hand dampens the strings, creating a complex rhythm when combined with
TD3:134	the right hand chordal strokes. The MT purposely adapts the session plan in
TD3:135	accordance with the perceived needs of Samual, especially at this
TD3:136	unprecedented gushing of self-expression. The MT works towards evening the
TD3:137	platform for self-expression for other participants. Samual is leading music that
TD3:138	is spontaneous, creative and inclusive. The MT sees the participants are still
TD3:139	quizzical as to what is transpiring and so facilitates their inclusion.
TD3:140	Leaving the music player on the table, The MT grabs handfuls of percussion
TD3:141	instruments and attempts to offer some to Rocco, Thukile, and Douglas. While
TD3:142	the MT does this, Andrew spontaneously begins singing words, with a formed
TD3:143	melodoc structure. Andrews singing sounds meaningful and heartfelt, with a
TD3:144	kind of natural voice distortion similar to the soul music genre (similar to the
TD3:145	style of artists such as James Brown and Bill Withers). However the words are
TD3:146	not easily heard, because the style of delivery masks them. Andrew's
TD3:147	unfettered singing continues, striking a balance between tuneful and soulful.
TD3:148	He also animates his hands, palms outwards, as part of the sung phrasing. It
TD3:149	sounds almost rehearsed. After many replays, the words are similar to:



TD3:150	I say you
TD3:151	Are wonderful darling
TD3:152	There is a longish gap between each line, so after the 'I say you' the music
TD3:153	continues for one whole bar, before the next line is sung. This has the effect of
TD3:154	letting the music breath. After Andrew sings these two lines for the first time,
TD3:155	he plays a flourish on the djembe. The MT acknowledges and encourages
TD3:156	Andrew's contribution by saying 'Thank you very much', and offers him a
TD3:157	shaker. The MT's plan is to limit the djembe to one person per turn, in order to
TD3:158	give the soloist due prominence. Tiago had stopped his djembe playing on his
TD3:159	own accord, and is now playing the xylophone. He is playing a counter
TD3:160	melody, with a more 'half-time' feel, his pulse is felt at about 55 bpm. He is
TD3:161	playing a melody that has a definite contour, and he repeats that same
TD3:162	contour. His playing is musical because it contains elements of phrasing, style,
TD3:163	and conceptual vision. It also fits with the current aesthetic. It is not clear if he
TD3:164	is responding to the group music, for the simple reason that there is little in his
TD3:165	playing that demonstrates the pulse, or that he is musically aware of what is
TD3:166	happening around him. Yet it is important to note that he remained attentive.
TD3:167	His melody felt artistically progressive, and floating, with no discernible points
TD3:168	of contact with the group's music. Rocco is steadily playing his shaker on
TD3:169	every second beat, and he seems to be looking at Andrew. Thukile has an egg
TD3:170	shaker and is playing it in the same rhythm as Rocco. Thukile is bopping his
TD3:171	head and moving his shoulders to the music, often looking at Samual as he
TD3:172	plays. Lonwabo is using both hands to play a pair of three-headed shakers,
TD3:173	and he is also looking at Samual. Andrew is playing a pair of shakers in a
TD3:174	quick rhythm, and keeps them going through all of his singing. The song has a
TD3:175	life of its own. There is a cohesion that all the participants are responsible for
TD3:176	creating. The rest of the words sung are:
TD3:177	I see you
TD3:178	Wonderful darling
TD3:179	Wo, wo, wo wonderful



TD3:180	Bye, bye, bye
TD3:181	Day, day, day
TD3:182	Wonderful Daddy
TD3:183	My, my, my
TD3:184	All the while Samual is keeping up a furious pace, his arm is almost a blur of
TD3:185	movement up and down strumming the strings. Even though this is Samual's
TD3:186	impromptu solo, and Andrew is singing 'lead', the MT does not interrupt. This
TD3:187	is for the simple reason that Samual appears transported by the music - his
TD3:188	face is set in concentration, and he has a singularity of purpose that needs to
TD3:189	find its own conclusion. Samual's playing is such that he could quite easily also
TD3:190	be considered the lead instrument. Andrew continues:
TD3:191	I say stay, stay
TD3:192	wonderful lovely
TD3:193	oh, oh
TD3:194	my, my ,my
TD3:195	Beautiful ba-be
TD3:196	Tiago looks up and smiles. He stops playing, looking at Samual. Samual
TD3:197	suddenly stops playing and hands the guitar to Tiago. This seems to have
TD3:198	occurred instantaneously and without eye contact. The song had continued for
TD3:199	two minutes and twenty-three seconds. Samual is smiling broadly again as he
TD3:200	ends his turn, and carries on grinning as the changeover to Tiago happens.
TD3:201	His cap is now sitting jauntily on his head, his face clearly visible and posture
TD3:202	straight. Tiago places the guitar flat on his lap, strings up. He does not find the
TD3:203	traditional position comfortable.
TD3:204	Tiago starts creating arrhythmic phrasing on the lower bass strings. He is
TD3:205	clearly experimenting with the sound. It is suggestive, rhythmically, of early



TD3:206	morning birdsong — in the way that each new call is unpredictable, though the
TD3:207	actual sequence of notes is repeated. Tiago plays and the music reflects his
TD3:208	new gentle direction. He is playing the only tuned instrument, and so he can
TD3:209	be very soft. Lonwabo begins playing a pattern with his shakers in a
TD3:210	nonchalant way. At the same time Tiago pauses. The MT plays a gentle strum,
TD3:211	Tiago responds with a single note. The MT is looking at Tiago, and vice versa.
TD3:212	There is a pause. He strums, and the MT responds. Because the MT and
TD3:213	Tiago are both playing the same chord (C), there is a sonic similarity, a strong
TD3:214	bond aurally. As this relationship is developed, it becomes unclear where the
TD3:215	MT is playing and where he is, or who is responding to whom. At the
TD3:216	appropriate moment, the MT encourages the participants to join in and 'lay a
TD3:217	bed' of sound for Tiago. All the participants except Douglas start playing along,
TD3:218	and the tempo is the slightly more then before, 120bpm. Tiago plays across
TD3:219	the higher strings, in a strumming fashion. Douglas does however pics up his
TD3:220	tambourine ever few bars, shake it, and then move it back into his lap. Thukile
TD3:221	is playing the shaker much more vigorously. His head is bent slightly to the
TD3:222	side and he is no longer frowning. Rocco plays in a similar way as he did with
TD3:223	Samual.
TD3:224	Suddenly Anthony begins singing again. It is a loud but tuneful
TD3:225	accompaniment. The MT becomes aware that Tiago may be slightly
TD3:226	overpowered in terms of volume and the MT motions to Andrew to sing more
TD3:227	quietly. Andrew's singing is once again musical, delivered with authority and
TD3:228	grit yet it may not be right for Tinashe's stated musical offering. It also may
TD3:229	be crowding the space for other more subtle things to happen. The group is
TD3:230	responding musically. Every participant is playing along, and there is a
TD3:231	cohesive group rhythm discernible.
TD3:232	Andrew continues powerfully, both in dynamics and delivery. Tiago lessens his
TD3:233	strumming, and slowly stop playing. Instead of saying anything the MT adopts
TD3:234	a musical strategy to restore balance. The MT changes tempo to an
TD3:235	exceedingly slower backing for Tiago Immediately this reverts attention back
TD3:236	to Tiago and he renews playing the guitar enthusiastically. Andrew sings
	100

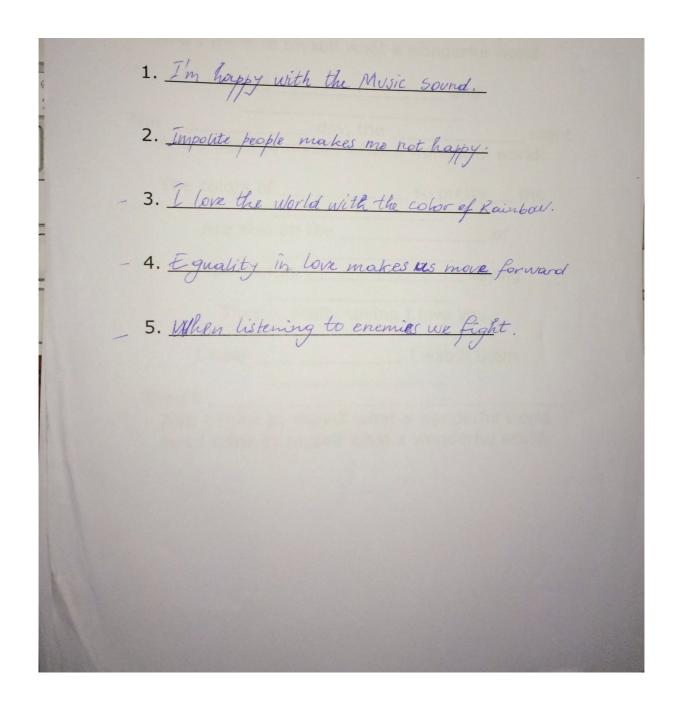


TD3:237	again, but now softly, and Tiago carries on with playing. Tiago plays even
TD3:238	more slowly, and he goes back to playing the lower strings, as he started. He
TD3:239	plays twice on the A string, and once on the lowest string, a fourth below (E).
TD3:240	This sets up a basis for building another gentler wave of music, with quieter
TD3:241	dynamics. As the music begins to ebb and flow, Tiago decides to stop playing.
TD3:242	He smiles genuinely as he hands the guitar over.
	END



Appendix K (Participant poetry):

Rocco's poem



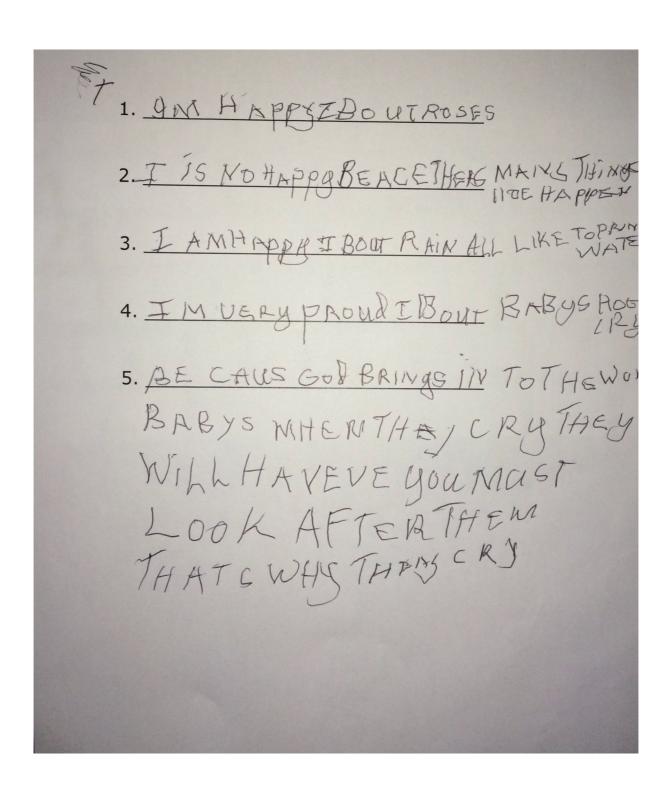


Tiago's poem

MISSING MONEY (H)	
1. PIANO MAMUSIC GROUP (NS#)	
2. CHINA (H)	
3. COMPYTER (H)	
4. PRISONS (NSH)	
5. ELECTRONICS (H)	



Andrew's poem





Samual's poem

1. itno enden Zandibenom dia kukukumanya	
2	
3.	
4.	
5.	



Larry's poem

1. Mysiek MAAK My GELYKKAG	
2. WANNEER MY KIND HEÏL DAN IS EK ONGELINKKAG	
3	
4	
5	



Lonwabo's poem

1. Music makes me happy	
2. Fighting makes me not so happy	
3. Gweraring makes me not so happy	
4. Sport majors we happy	
5	



Thukile's poem

2. In angra for provide parella

3. To think fat some better

4. May-Be fate away fat to be hapen

5. For use only angre to be Better

Some finded list as well



Douglas's poem

	1. Music makes me Happy
.5)	2
<u>+</u>	3
	4
	5



Appendix L (SI1, no coding - Lonwabo):

	SI1 TRANSCRIPT
	Participant: Lonwabo
LINE NO.	Date: 12th May 2016
SI1:1	MT: I just wanted to say thank you very much for doing the music
SI1:2	therapy, and for this interview.
SI1:3	Lonwabo: Sure. It's my pleasure.
SI1:4	MT: So I just wanted to ask, I've got some questions about the
SI1:5	music therapy.
SI1:6	- How have you experienced making music together in the sessions
SI1:7	together?
SI1:8	Lonwabo: Um. At first I thought that, like, it was going to be a
SI1:9	lesson. Like you are going to teach us music.
SI1:10	MT: Oh yes, yes.
SI1:11	Lonwabo: But then it got different. Then we have to come up with
SI1:12	our own beats, you see, With our own songs. So, but it was nice.
SI1:13	MT: Did you prefer to maybe get some lessons, or did you prefer to
SI1:14	maybe do your own beats?
SI1:15	Lonwabo: No I thought we were going to get lessons at first when I,
SI1:16	before we started. When you introduced the therapy. I thought it was
SI1:17	going to lesson.
SI1:18	But then on the day it was something different.
SI1:19	MT: It is hey? It's very different because there is a difference
SI1:20	between music lessons and music therapy.
SI1:21	Lonwabo: OK
SI1:22	MT: Because in music therapy, we, everybody has got music inside,
SI1:23	and we try to let everybody express their music. You know. Even if



SI1:24	it's not professional standard. It doesn't matter, it's about singing
SI1:25	songs together, from your heart.
SI1:26	So can I ask you, besides what you said, that, you know, it wasn't
SI1:27	lesson
SI1:28	- Is there anything that stands out for you?
SI1:29	Lonwabo: Um, ja, it's difficult make an own song
SI1:30	Like to come up with a song that you have to write on your own
SI1:31	words. But the therapy, ja, it's like kind of helping when when
SI1:32	you there.
SI1:33	[Pauses]
SI1:34	It's kind of like a thing that you can, like, maybe grow that ability to
SI1:35	write your own music.
SI1:36	MT: Thanks. Ok.
SI1:37	- Can you use 5 words to sum up the the experience of the music
SI1:38	therapy?
SI1:39	Lonwabo: Ummm. 5 words?
SI1:40	MT: So like, you know, if it was soccer we might say: tired; exciting;
SI1:41	goals - are you with me?
SI1:42	Lonwabo: Ja, I understand, I understand [what] you say. I
SI1:43	understand.
SI1:44	MT: Oh Ok, sorry.
SI1:45	Lonwabo: 5 words to sum up the therapy session?
SI1:46	MT: Ja
SI1:47	Lonwabo: It was exciting, and attention seeking
SI1:48	MT: Uh-huh
SI1:49	Lonwabo: And you have to be devoted. And you have to do your
SI1:50	best, give your best And, uh, like don't be afraid to learn from
SI1:51	others.
SI1:52	MT: Yes. Thank you.
SI1:53	- Can you tell me about the kind of music that we played together?



SI1:54	Lonwabo: Ja, that kind of music, with, it's got a lot of drumming. We
SI1:55	did a lot of drumming and the other instruments were never used
SI1:56	much, when we were singing.
SI1:57	MT: Yes
SI1:58	Lonwabo: Ja, we never used them much.
SI1:59	MT: Yes, but a lot of drumming, hey?
SI1:60	- And can you tell me first of all somethings that you liked, and then
SI1:61	we will look at some things that you didn't like? In the sessions
SI1:62	together
SI1:63	Lonwabo: Pffffffff (Blows up cheeks, eyes widen)
SI1:64	MT: It doesn't matter you can say anything, it's not gonna be 'sore'
SI1:65	for me.
SI1:66	Lonwabo: Ja, at first, I mean i was not there, like I did not want to
SI1:67	be there You see but then as weeks go, as we attended more
SI1:68	therapy, then I was interested to be there.
SI1:69	MT: Oh really?
SI1:70	Lonwabo: Ja.
SI1:71	MT: And what so you wanted to be there. And was there anything,
SI1:72	that was, about the sessions that you didn't like?
SI1:73	Lonwabo: Not exactly.
SI1:74	MT: Not exactly, Ok.
SI1:75	Number 2 is to ask you a personal question:
SI1:76	how do you normally
SI1:77	- How would you describe your emotional state normally?
SI1:78	Lonwabo: Well, I'm not that emotional person, but I do feel grief
SI1:79	when there's pain.
SI1:80	MT: You feel?
SI1:81	Lonwabo: Grief.
SI1:82	MT: Are you feeling grief everyday?
SI1:83	Lonwabo: Not everyday. I like, when there's a serious, uh,
SI1:84	occasion, like death or illness, you see, those kind of stuff.
SI1:85	MT: Right, Ok.



SI1:86 SI1:87 SI1:88 SI1:88 SI1:88 SI1:89 Your normal state on a day to day basis - would you say you are quite how would you describe yourself everyday? SI1:90 Lonwabo: Well on a daily basis, I mean with the medication that I get, I get side effects you see, that kind of make things difficult for me. SI1:92 MT: Is it depression or? SI1:93 Lonwabo: The side effects? (MT: nodding) SI1:94 The side effects I cannot exactly say if it's depression or thinking too much SI1:95 SI1:96 MT: OK. SI1:97 SI1:98 feel daily? SI1:100 SI1:101 SI1:101 SI1:102 SI1:103 MT: I hear you, Like here we spend the whole day just sitting, smoking, doing nothing. Then with the therapy at least some, I use the time, valuably. SI1:104 SI1:105 SI1:106 SI1:106 SI1:107 Lonwabo: Um, love, ja. Ja like you see since I was out of the community SI1:109 MT: Which community?	014.00	With relation to that have really follows and the should
SI1:88 Your normal state on a day to day basis - would you say you are Quite how would you describe yourself everyday? SI1:90 Lonwabo: Well on a daily basis, I mean with the medication that I get, I get side effects you see, that kind of make things difficult for me. SI1:91 MT: Is it depression or? SI1:92 Lonwabo: The side effects? (MT: nodding) The side effects I cannot exactly say if it's depression or thinking SI1:94 The side effects I cannot exactly say if it's depression or thinking SI1:95 MT: OK. SI1:96 MT: OK. SI1:97 Lonwabo: Ja like, if, like, If were not in that group I will talk As the sI1:100 therapy was in a group Like here we spend the whole day just SI1:101 sitting, smoking, doing nothing. Then with the therapy at least some, SI1:102 I use the time, valuably. SI1:103 MT: I hear you. I hear you, thank you. - Do you feel the music therapy made any emotional impact on you? About how you feel about yourself or the world SI1:105 SI1:106 SI1:107 Lonwabo: Um, love, ja. Ja like you see since I was out of the community, now it's been five years since I've been out of the community		, c
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SI1:109 community	SI1:107	Lonwabo: Um, love, ja. Ja like you see since I was out of the
	SI1:108	community, now it's been five years since I've been out of the
SI1:110 MT: Which community?	SI1:109	community
	SI1:110	MT: Which community?
SI1:111 Lonwabo: Like the outside world, ever since I was arrested then I	SI1:111	Lonwabo: Like the outside world, ever since I was arrested then I
SI1:112 was admitted here in Valkenberg.	SI1:112	was admitted here in Valkenberg.
SI1:113 MT: 5 years?	SI1:113	MT: 5 years?



SI1:114	Lonwabo: Five years yes, this is the fifth year. So like I, uhhh, I kind
SI1:115	of, like, lost the connection of love, like, knowing who love me, and
SI1:116	
	who can I talk to But the therapy, the therapy is somehow, uh,
SI1:117	made me feel the comfort of love.
SI1:118	MT: - So do you think that music can maybe, go beyond um,
SI1:119	Lonwabo: Like how I understand (it), music is not just about
SI1:120	writing rhyming words, or words that must interact together It's like
SI1:121	you express yourself also in music, say how you feel, things you
SI1:122	don't like, things that you like
SI1:123	I mean you give education to some others. So like with the therapy
SI1:124	ja, it was something, like a learning excursion.
SI1:125	MT: Hmmm, wonderful.
SI1:126	- What was it like for you to make music with this group, you know
SI1:127	with Tsepho and the whole group of people?
SI1:128	Lonwabo: I mean we come from different backgrounds, you see.
SI1:129	So like, doing music with them, was also like a, learning curve, you
SI1:130	see, so 'cos you'v got your own special thing, someone else has got
SI1:131	his own special thing. Then when we are together, like, like, it
SI1:132	combines to be a unit. Give up [the] one thing.
SI1:133	MT: Alright so you experienced, a unity, some kind of union there
SI1:134	[Lonwabo: Ja], even though, you know, someone was not singing
SI1:135	with, or someone was forgetting to play or, what what.
SI1:136	[Lonwabo:ja], There was still somethingthere.
SI1:137	Lonwabo: Ja, unity yes. [Interjecting]
SI1:138	MT: Thanks
SI1:139	- And how did you experience yourself in this unity?
SI1:140	Lonwabo: Well, like I never was with that, a group - like ja I did
SI1:141	once when I was in high school some friend of mine took me to a
SI1:142	recording then we only recorded one song. [MT: uh-ha] so like
SI1:143	MT: And you were singing?
SI1:144	Lonwabo: Ja I was singing.
SI1:145	MT: Nice, ja.



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SI1:146	Lonwabo: Like ja with the group I was seeing myself, ja I was there
SI1:147	to learn you see, because it was my first time, drums with
SI1:148	instruments, you see. I never used instruments before.
SI1:149	MT: - How did you experience communicating with others in the
SI1:150	group?
SI1:151	Lonwabo: The communication was like a bit hard sometimes, I
SI1:152	mean, cos some people don't understand English [MT: right], and
SI1:153	you just have to interpret, or like go slow with them. [MT: yes] You
SI1:154	see so the communication was like, hard, but it was there.
SI1:155	MT: It was there.
SI1:156	- How do you relate to the other people that were in the group,
SI1:157	normally. Outside of music therapy.
SI1:158	Lonwabo: Like outside the music therapy?
SI1:159	MT: Yip, like are you friends with them or
SI1:160	Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we do talk. I
SI1:161	can, I can see him as a friend. Even Samual. With the others, then
SI1:162	we share like smokes, like ah, Thukile or Monty (Andrew's
SI1:163	nickname). And then Larry, but now he's like, from Ward 12 now
SI1:164	[MT: Larry?]. You see he's the one I was communicating with more
SI1:165	often when he was here.
SI1:166	MT: - I see, ok. And do you think anything has changed in your
SI1:167	relationships with people, since the music therapy, from before, to
SI1:168	after music therapy? Or is it the same basically?
SI1:169	Lonwabo: It's not that much. I mean, there in the music therapy,
SI1:170	then you will have to have understanding you see.
SI1:171	MT: You are learning more about, you see you talk to Lance, hey?
SI1:172	[Lonwabo:Ja], but until you hear him sing, or play the drums, then
SI1:173	you almost know a little bit <i>more</i> about him now.
SI1:174	Lonwabo: Sure.
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SI1:175	MT: Because you know he didn't see you sing before, maybe
SI1:176	[Lonwabo:haha], or, come up with your own song, and now it's
SI1:177	almost because you're doing that, you all learnt a little bit more
SI1:178	about each other.
SI1:179	Lonwabo: Sure, yes.
SI1:180	MT: So that's what I mean by communication.
SI1:181	- Can you say anything about your general level of motivation in
SI1:182	daily life? Since you've been at Valkenberg?
SI1:183	Lonwabo: Yes I'm motivated by some other things. People
SI1:184	especially, like, not like sing something that's written. I mean it must
SI1:185	be an actual word from another person. who is from the other, that
SI1:186	can motivate me. Even here in Valkenberg, ja I do get motivations I
SI1:187	mean, it's not like you only take medication here and then that's the
SI1:188	end of being in Valkenberg. I mean there are group therapies, you
SI1:189	see you go on outings then they offer, like, educational chances
SI1:190	also you see. There is motivation here yes.
SI1:191	MT: Ok, I see what you're saying. Cool.
SI1:192	- What can you say about your motivation in the music therapy
SI1:193	sessions?
SI1:194	- Or did you feel the music therapy didn't have any effect on your
SI1:195	motivation?
SI1:196	Lonwabo: Well, ja it motivated me in one thing, like to be attentive, I
SI1:197	have to be attentive, you see. And not act like I know everything,
SI1:198	you see. Because you learn until you die, they say [MT: haha]. So I
SI1:199	also believe that you learn until you die.
SI1:200	MT: I see.
SI1:201	- Can you describe how you felt about the sessions ending?



SI1:202	Lonwabo: Um, I mean there's an end for everything I believe.
SI1:203	There's nothing that lasts forever. But ja, with the end now it's like
SI1:204	back to square one, you see. But there's a group I also attend on
SI1:205	Wednesday, then I will like not just sit around, lazing around doing
SI1:206	nothing. At least there will something that I do. I have a group
SI1:207	session there by ward12, you see so I'll spend my time wisely, ja.
SI1:208	
SI1:209	MT: I see what you're saying.
SI1:210	- Would you recommend others do group music therapy sessions in
SI1:211	the future, (and why)?
SI1:213	Lonwabo: Ja if they are interested, I mean, not all of us can be
SI1:214	interested in music, you see, but I would encourage them to do
SI1:215	music therapy, yes.
SI1:216	MT: I think this also. It's not only about learning an instrument, or to
SI1:217	play, it's about also expressing yourself. Finding a way to do it with
SI1:218	music. In music we can put anger, love, romance, fear. We can put
SI1:219	all of our emotions into music and it can hold it for us.
SI1:220	- Why do you think music therapy is good for people?
SI1:221	Lonwabo: Like you music therapy, it's like, what can I say this,
SI1:222	where you confess? I mean you let out what's inside you to get relief
SI1:223	you see.
SI1:224	MT: I see.
SI1:225	Thanks and good luck.



Appendix L continued (SI2, no coding - Samual):

LINE NO.	SI2 TRANSCRIPT
	Participant: Samual
	Date: 9th May 2016
SI2:1	MT: - How did you feel making music together?
SI2:2	Samual: I am feeling happy, so.
SI2:3	MT: - What stands out for you?
SI2:4	Samual: I'm not sure.
SI2:5	MT: - Can you choose some words besides happy, that you feel about
SI2:6	the music that we did?
SI2:7	Samual: [Pause] I don't know.
SI2:8	MT: - What kind of music did we play?
SI2:9	Samual: Jazz
SI2:10	MT: - And can you tell me some of the things you did not enjoy?
SI2:11	Samual: Ja umm
SI2:12	MT: Did you like everything?
SI2:13	Samual: Yes
SI2:14	MT: Can you tell me some of things that you did like? [pointing at
	instruments]
SI2:15	Samual: Drums yes I like guitar [laughs]
SI2:16	MT: Which do you like better?
SI2:17	Samual: Is guitars.
SI2:18	MT: - How would you tell me about how you feel emotionally normally?
SI2:19	How would you describe your feelings?
SI2:20	Samual: I'm alright.
SI2:21	MT: - In the music sessions Does music make you feel anything?
SI2:22	Samual: I'm alright. I'm alright, before and after.
SI2:23	MT: - How did you feel inside the music? When you were playing?
SI2:24	Samual: I'm feeling alright.
SI2:25	MT: So there's no difference if you are playing music or if you're at the
SI2:26	ward?
SI2:27	Samual: Ah, not different. [MT: The same?] The same.



SI2:28 MT: - Did the music therapy we did here, the music that we did, did it impact you, or mean something? Did it make you feel anything? SI2:30 Samual: No, uhhh. SI2:31 MT: Ok thanks [Long pause] - What was it like to make music with this group of guys? SI2:32 Samual: I love making it. SI2:34 MT: - Did you feel you could talk and communicate with everyone in the SI2:35 group? SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound] SI2:43 MT: - Do you feel sad or happy when the sessions finished now?
SI2:30 Samual: No, uhhh. SI2:31 MT: Ok thanks [Long pause] - What was it like to make music with this group of guys? SI2:33 Samual: I love making it. SI2:34 MT: - Did you feel you could talk and communicate with everyone in the group? SI2:35 Gamual: Yes SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
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SI2:34 MT: - Did you feel you could talk and communicate with everyone in the SI2:35 group? SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:35 group? SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:36 Samual: Yes SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:37 MT: Is it the same here in the music therapy group, as the ward? SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:38 Samual: Ai, it is the same. [MT: The same?] Yes. SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:39 MT: So nothing has changed between you and everybody else? SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:40 Samual: No SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:41 MT: - Can you say anything about your motivation in general? SI2:42 Samual: Mmmh [low muffled sound]
SI2:42 Samual: Mmmh [low muffled sound]
SI2:44 Or?
SI2:45 Samual: Yes so I'm feeling so happy
SI2:46 MT: - Would you like the sessions to carry on now, or stop?
SI2:47 Samual: No, to start again. [MT: To start again?] Yes.
SI2:48 MT: - Would you say that other people would it be good for all the
SI2:49 other people here to come to music therapy?
SI2:50 Samual: No not everyone. Not all.
SI2:51 MT: Why?
SI2:52 Samual: Because, umm, [Laughs, scratches arms] difficult.
SI2:53 MT: I'm saying that if there is music therapy for Ward 20 and Ward 12,
SI2:54 for everyone there, would that be good or bad?
SI2:55 Samual: Ai that would be good, good. Yes, Ok.
SI2:56 MT: Would you like to tell me why Music Therapy is not good for
SI2:57 everyone in Xhosa?
SI2:58 Samual: Yes
SI2:59 MT: Go ahead, I'll have it translated
SI2:60 Samual: [In Xhosa] Music is not good for everyone because
SI2:61 [unintelligible]



SI2:62	MT: - Is there anything else you want to tell me in Xhosa, about the
SI2:63	music therapy?
SI2:64	Samual: [In Xhosa, the only discernible word: CD]
SI2:65	MT: Thank you very much for your time, and for helping me to
	understand what you think about Music Therapy
SI2:66	Samual: Thanks, it's a pleasure. Yes.
	INTERVIEW END



Appendix L continued (SI3, no coding - Larry):

	SI3 TRANSCRIPT
	Participant: Larry
LINE NO.	Date: 6th May 2016
SI3:1	MT: - How have you experienced making music together in the
SI3:2	sessions?
SI3:3	Larry: It's good
SI3:4	MT: Tell me a bit more about why it's good?
SI3:5	Larry: I like to play the drums.
SI3:6	MT: What stands out for you more? What makes it good, is
SI3:7	there anything that you remember?
SI3:8	Larry: Yes I remember the songs. [MT: Pardon? I remember the songs.
SI3:9	MT: You remember the songs! (Smiling)
SI3:10	Larry: Wonderful World (Slight smile)
SI3:11	MT: Yes great, would you like me to give you a copy of that song? The
SI3:12	one that the band did together [fishes for lyrics sheet, hands it over]
SI3:13	Larry: Yes
SI3:14	MT: And the goodbye song, hey? [sings] 'I believe'
SI3:15	Larry: 'that it's time to say goodbye' [both sing].
SI3:16	MT: Choose five words that sums up your experience with the music
SI3:17	Larry: I don't know how to get these
SI3:18	MT: Ok, what I'm saying is, if I was in a boxing fight and someone said
SI3:19	choose five words to describe it. I might say: pain, anger [interrupts]
SI3:20	Larry: Ok, ok. I see. It was good. I like the band. I like everybody. [MT:
SI3:21	Ok thanks, any more things about Music Therapy?] Umm I didn't like
SI3:22	Thukile, the way he hits the drums, it is too hard, so you can't hear the
SI3:22a	other things playing Yes.
SI3:23	MT: Thank you. One more thing, word
SI3:24	Larry: Umm, that's all.
SI3:25	MT: - Can you tell me anything about the kind of music that we played?
SI3:26	Larry: We played rap, and some other things



SI3:27	MT: - Thank you. Can you tell me a little bit more about what you
SI3:28	enjoyed in the sessions? Or didn't enjoy?
SI3:29	Larry: [Unintelligible] guy, the one with short hair
SI3:30	MT: Andrew, or Douglas?
SI3:31	Larry: Andrew - Yes he hit the drums so loud, you can't hear the others.
SI3:32	MT: - How would you describe your emotional state normally?
SI3:33	Larry: No, I feel good.
SI3:34	MT: You feel good most of the time?
SI3:35	Larry: Yes.
SI3:36	MT: - Ok thanks. How did you feel emotionally during the music sessions?
SI3:37	Larry: I feel good. Just feel good. Because I like music.
SI3:38	MT: What I am also trying to ask you is Ok, here is Lance without
SI3:39	music therapy, how do you feel? And over here is Lance with the music
SI3:40	therapy - how do you feel? Is it the same?
SI3:41	Larry: No, it's different.
SI3:42	MT: - Can you tell me about the difference?
SI3:43	Larry: I experience a lot. You know. [Pause] I really do.
SI3:44	MT: - Do you experience a lot <i>more</i> ? [Larry: yes] In the music therapy?
SI3:45	Larry: Yes
SI3:46	MT: What do you think you experience 'more' of? How do you
SI3:47	experience 'more'?
SI3:48	Larry: I just feel the experience I don't know how to put it.
SI3:49	MT: Is there any feeling that you can talk about, feeling sad, more
SI3:50	happyor
SI3:51	Larry: Happy and listening. [Long pause] In music therapy I can
SI3:52	express myself. Everything is better then there in the ward.
SI3:53	MT: In the ward is it hard to express yourself?
SI3:54	Larry: Yes
SI3:55	MT: Thank you. I appreciate what you're saying here.



SI3:56	- What was it like for you to make music with this group of people?
SI3:57	You've told me a bit about Thukile and Andrew hey? But can you talk
SI3:58	about how you felt in the group, with us all taking turns and listening to
SI3:59	each other?
SI3:60	Larry: I just want to go now [Loud laughing]. But I like it.
SI3:61	MT: Why do you think you liked it?
SI3:62	Larry: Because the music, that's why I like it.
SI3:63	MT: What do you think it is in music that makes us feel like that?
SI3:64	Larry: I like to sing, that's why.
SI3:65	MT: But we all want to sing? But why? I don't know, I'm just asking, I
SI3:66	don't know the answer
SI3:67	Larry: No, to tell of places and stuff like that. In music.
SI3:68	MT: - How did you experience yourself in the group? Did you notice
SI3:69	anything about yourself
SI3:70	Larry: Yes I'm a little bit more open
SI3:71	MT: In what way?
SI3:72	Larry: In a good way.
SI3:73	MT: - So is it in a way that you feel other people can talk to you?
SI3:74	Larry: Yes
SI3:75	MT: To most of the people in the group you feel
SI3:76	Larry: I like them.
SI3:77	MT: - Has anything changed in the group, from the beginning up to
SI3:78	where we stopped?
SI3:79	Larry: Yes. [MT: How?] I know the drums now. I know how to play
SI3:79a	drums.
SI3:80	MT: - Has anything changed in how you feel about other members of
SI3:81	the group?
SI3:82	Larry: All of them, it's just those that I explained to you, how they go.
SI3:83	MT: - Can you say anything about your general level of motivation in
SI3:84	daily life?
SI3:85	Larry: It's a hard one [laughing].



SI3:86	MT: Maybe you say how you feel generally feel about motivation, and
SI3:87	then after that you can tell me, does music and music therapy influence
SI3:88	your motivation at all
SI3:89	Larry: It influences me positively.
SI3:90	MT: And without music?
SI3:91	Larry: Still good but then I doubt, without music.
SI3:92	MT: - Do you think Music Therapy can help you in motivation?
SI3:93	Larry: Yes
SI3:94	MT: How
SI3:95	Larry: It just makes me feel this whole place is not nice I just can
SI3:96	sing.
SI3:97	MT: - Does it make you feel things that you did not want to feel before?
SI3:98	Larry: It makes me feel good.
SI3:99	MT: Does music help you at all to do other things in the world
SI3:100	Larry: Yes
SI3:101	MT:like?
SI3:102	Larry: All I want to do. I like to sing when I'm doing dishes and cleaning
SI3:103	the house
SI3:104	MT: If you wanted to do something differently in your life, like if you
SI3:105	wanted to for example study a course, do you think music can help you
SI3:106	to do that?
SI3:107	Larry: Yes.
SI3:108	MT: - Thanks. Can you describe how you felt about the sessions
SI3:109	ending?
SI3:110	Larry: I don't like it, don't really want it to (end)
SI3:111	MT: Why?
SI3:112	Larry: I like the group. And time away from the ward.
SI3:113	MT: Do you think there anything about music therapy that can help you
SI3:114	now when you go on leave?
SI3:115	Larry: Yes, with cleaning my house. Can I go to the toilet please?
SI3:116	MT: Can you wait two minutes, I'm almost done?
SI3:117	Larry: Ok



	INTERVIEW END
SI3:128	MT: Thank you very much
SI3:127	learned some Bob Marley.
SI3:126	us. We all played drums, we all played instruments, we all sang. And we
SI3:125	Larry: I want to say it was good. Good music. I like the way you worked
SI3:124	MT: - Anything else you want to add?
SI3:123	learn music.
SI3:122	Larry: Because it is good for you. You learn more of music. It's nice to
SI3:121	MT: Why?
SI3:120	Larry: Yes
SI3:119	sessions in the future, (and why)?
SI3:118	MT: - Thank you. Would you recommend others do group music therapy



Appendix L continued (SI4, no coding - Tiago):

LINE NO.	SI4 TRANSCRIPT
	Participant: Tiago
	Date: 9th May 2016
SI4:1	MT: - How have you experienced making music together?
SI4:2	Tiago: Oh yes fine.
SI4:3	MT: - And does anything stand out for you?
SI4:4	Tiago: Can you please elaborate?
SI4:5	MT: Like making music in this group, is there anything that stands out
SI4:6	for you as being interesting and enjoyable, or not interesting and not
SI4:7	enjoyable? Or anything
SI4:8	Tiago [Interjects] No, not quite. It was just instruments and guitar.
SI4:9	Interesting, and nothing more than that.
SI4:10	MT: Ja sure. I think what I'm trying to say is there I'm trying to ask you
SI4:11	to tell me about how you experienced the Music Therapy. I know that it's
SI4:12	different to talk to a friend and say 'this is how I really feel', but I just
SI4:13	wanted to see [how you feel] maybe.
SI4:14	- Could you sum your experience in the Music Therapy using any five
SI4:15	words?
SI4:16	Tiago Ok, it was great, it was enjoyable, it was worth learning, and it
SI4:17	was quite fine.
SI4:18	MT: - Thanks man. And what kind of, can you talk to me about what kind
SI4:19	of music we played together. Which parts of it did you enjoy the most?
SI4:20	Tiago Well, just enjoyed just a bit of rapping. Bit of rapping and a bit of
SI4:21	a personal play, personal play in rap.
SI4:22	MT: Sort of personal expression
SI4:23	Tiago Ja personal expressions of music.
SI4:24	MT: - Is there anything you can say that you did not enjoy in the
SI4:25	sessions?
SI4:26	Tiago Well probably there was a lack of piano.
SI4:27	MT: Yes, you said so [earlier] yes.



SI4:28	Tiago And maybe a violin if possible.
SI4:29	MT: Do you play the violin?
SI4:30	Tiago I don't play but I would have loved to play it.
SI4:31	MT: That's a nice idea.
SI4:32	Is there anything else that you enjoyed?
SI4:33	Tiago Just the drums. Just the drums and the instruments.
SI4:34	MT: - How would you describe your emotional state normally?
SI4:35	Tiago It's just stable.
SI4:36	MT: If you had to qualify it with an either positive or negative emotion,
SI4:37	which one would you go for?
SI4:38	Tiago Just moderate emotion. Moderately stable.
SI4:39	MT: Neither
SI4:40	Tiago Neither happy or sad, or low or high. Just moderately stable.
SI4:41	MT: Fantastic ok.
SI4:42	- Would you say there was any change to that status in the Music
SI4:44	Therapy sessions.
SI4:44	Tiago No there wasn't.
SI4:45	MT: Ok.
SI4:46	- So the music the Music Therapy sessions didn't elevate your mood, or
SI4:47	anything like that?
SI4:48	Tiago No, not at all.
SI4:49	MT: I noticed that when we began you were reluctant to come to
SI4:50	Tiago [Interjecting] Ja well I was not feeling well, I got better a little bit.
SI4:51	MT: Was that only physical not feeling wellor also emotional?
SI4:52	Tiago [Interjecting] Physical. physical.
SI4:53	MT: - I guess following on from that is, do you feel that the Music
SI4:54	Therapy sessions had any impact in you? Or on you?
SI4:55	Tiago Well, just knowing about music. Nothing more than knowing
SI4:56	about music.



SI4:58	Tiago Well, I, sort of, just, sort of, this was one of my first times to play
SI4:59	something on a guitar, or an instrument, or a drum. In terms of
SI4:60	composition, ja just that not necessarily commercial, you just [go], just
SI4:61	as a group.
SI4:62	MT: And what often happens in music for me, for instance, like the
SI4:63	reason why I got into music, is because often the music can, I don't
SI4:64	know, like make you feel transported, it can sort of, sometimes lift you
SI4:65	into a different way of thinking and feeling. it can sometimes also sink
SI4:66	you down, you can feel depressed or something after listening to music
SI4:67	or being involved.
SI4:68	I guess I'm interested to see if there's any emotional impact for you, with
SI4:69	the music that we played?
SI4:70	Tiago No, not, nothing.
SI4:71	MT: I must say that I noticed that you smiled quite a lot, and laughed
SI4:72	quite a lot in the sessions
SI4:73	Tiago Ok.
SI4:74	MT: But when I talk to you in the ward and that, you don't smile and
SI4:75	laugh as much
SI4:76	Tiago I'm not feeling well. Regarding my physical. And I just get better,
SI4:77	a little bit.
SI4:78	MT: I understand. Now moving on
SI4:79	- What was it like for you to make music with this group of people?
SI4:80	Tiago Well it was just like music group to me. Nothing more than that.
SI4:81	MT: Would you say that you enjoyed making music with this group?
SI4:82	Tiago I enjoyed I enjoyed the music, the music group. And it was just
SI4:83	like a group to me.
SI4:84	MT: So now that we've looked at the group,
SI4:85	- I want to look at how did you feel yourself, in the group?
SI4:86	Tiago I just feel like part of a music group. And nothing more than that.
SI4:87	MT: And was it good to be part of that group?
SI4:88	Tiago It was fun.
SI4:89	MT: - How did you experience communicating with others in the group?



SI4:90	Tiago Umm, umm, that was all fine. umm, yeah, we were all fine, just as
SI4:91	a normal group.
SI4:92	MT: I noticed that there were a few times where somebody would say to
SI4:93	you, or to someone else, 'keep quiet'. You would not do that, you seem
SI4:94	to have a very fair approach, to give everybody a chance to express
SI4:95	themselves. You don't seem very judgemental. Some of the other guys
SI4:96	were more judgemental.
SI4:97	Tiago No, I'm not judgemental at all. I was just you know, at least
SI4:98	having composure, at least having a composure of group rules, and just
SI4:99	be, just acting the way in the group rules, would abide, in any group.
SI4:100	MT: Basically, should I say, being respectful?
SI4:101	Tiago Ja being respectful about group rules.
SI4:102	MT: Just as my personal opinion I think that is a very good quality,
SI4:103	because you are immediately respecting everybody else's contribution
SI4:104	to the group. Instead of saying no you can't be part of this group unless
SI4:105	you do this or that you being in the group really helped the group a lot.
SI4:106	Tiago Ja
SI4:107	MT: - Do you feel there is any difference in how you relate to people in
SI4:108	the group, in the music sessions? Compared to in the ward
	environment?
SI4:109	Tiago Oh it was just like a, just like a group in the ward. Where rules
SI4:110	apply, and all sort of things about a group. Like quietness, eating and
SI4:110	drinking and so forth.
SI4:111	MT: Abiding by the rules?
SI4:112	Tiago Yeah.
SI4:113	MT: - Has anything changed in how you feel about any of the other
SI4:114	people in the group, since we've been doing music?
SI4:115	Tiago No nothing really changed, just took a turn of listening when
SI4:116	someone is playing, and took a turn of playing when someone is
SI4:117	listening.



SI4:118	MT: Right. I was just thinking that you know we can talk to somebody
SI4:119	for a long time, for years even, but until we maybe do music together we
SI4:120	don'y know what, how are you going to sing?
SI4:121	Tiago Haha Ja
SI4:122	MT: What beats are you gonna make, I mean your drumming comes in
SI4:123	very strong. You've got very strong drumming. Have you done
SI4:124	drumming before?
SI4:125	Tiago No I haven't. Not not not wth a group. Not of that sort of kind. I
SI4:126	was playing differently back then, in different groups. And they just
SI4:127	figured a way, how to how to play better drums in the group. I learnt
SI4:128	how to play a guitar better, and instruments better.
SI4:129	MT: That's fantastic. You did have a very strong sense of taking a good
SI4:130	direction with the drums and everybody else would following you.
SI4:131	Tiago Ok.
SI4:132	MT: - Can you say anything about your general level of motivation in
SI4:133	daily life?
SI4:134	Tiago My general motivation?
SI4:135	MT: Ja.
SI4:136	Tiago Umm it's, it's just being myself.
SI4:137	MT: So would you describe yourself as highly motivated?
SI4:138	Tiago Ja I regard that as a high motivation, of just being myself.
SI4:139	MT: Great.
SI4:140	- What can you say about your motivation in the Music Therapy group?
SI4:141	Tiago Um just good sounding music. Nothing more than that.
SI4:142	MT: And I think you were quite enthusiastic, can I say that?
SI4:143	Tiago Ja, to a certain extent, to, at a group level extent.
SI4:144	MT: - Can you tell me about your present level of motivation? Now?
SI4:145	Tiago My present level of motivation is just stability, just to keep myself
SI4:146	stable.
SI4:147	MT: Is there any difference, do you feel that Music Therapy has any
SI4:148	effect on your emotions?



iago Well, not necessarily to my emotions, it's to my ears, haha, it's
ust anything which sounds good makes me dance for example. Doesn't
necessarily emote me
/IT: I see what you're saying.
Can you describe how you felt about the sessions ending?
Tiago Well it was quite fun, it was just abiding to a stabilitated space
and time. The two months quite fun enjoyable, as a group. And uh, I
eally enjoyed it.
IT: Thanks.
Would you recommend others do group Music Therapy sessions in the
uture, (and why)?
iago Yes I would recommend someone to join in a music group, a
nusic gang and so forth.
/IT: Can I ask why you would?
Tiago Well it's fun to play music, it's enjoyable to play, to create music. I
pelieve it's enjoyable to create music.
IT: Thanks Is there anything else you want to add? To our
conversation, concerning the music sessions?
iago Well, nah, nothing, nothing I would add. Umm
IT: Thank you very much being a part of the Music Therapy sessions. It
vas a pleasure getting to know you a little bit.
iago Ok. Thank you Bruce.



Appendix L continued (SI5, no coding - Thukile):

LINE NO.	SI5 TRANSCRIPT
	Participant: Thukile
	Date: 9th May 2016
SI5:1	MT: - How have you experienced making music together in the
SI5:2	sessions?
SI5:3	Thukile: No music, I'm experience, a good exchange, just a
SI5:4	maybe to read it to the book, and do music.
SI5:5	MT: How did you feel about doing the Music Therapy?
SI5:6	Thukile: No, I feel alright, yes. The way back ago the music was
SI5:7	paying money
SI5:8	MT: - Is the anything that stands out for you, anything that gets
SI5:9	your interest about what we did in the music?
SI5:10	Thukile: No, I don't think so badly. Otherwise I think that when I do
SI5:11	music, I'm going right.
SI5:12	MT: Ok.
SI5:13	- Can you use any five words about the music, so let's say, you
SI5:14	know we were talking about soccer. We say run, jump [Thukile:
SI5:15	Ok, ok, ok], we kick, can you tell me any five words about the
SI5:16	music?
SI5:17	Thukile: Ja about the music and maybe them we apply six of
SI5:18	music, yes. And written there, I writen there only to see, it's my
SI5:19	music for me. Ja. Maybe I'm doing music then other guys is sing
SI5:20	that music, the same Is the same
SI5:21	[Switches to Afrikaans]
SI5:22	to nice but good to make him. To take a little to manage to sing.
SI5:23	MT: Ok I see.
SI5:24	- Can you tell me about the kind of music that we played together?
SI5:25	Thukile: Ja kind of music soft music, there we sing reggae,
SI5:26	there you sing old ones, in music. And then we we sing another we
SI5:27	call the local one. No I just get that points in.



SI5:28	MT: - Can you tell me some things that you did like in the sessions,
SI5:29	and some things that you did not like?
SI5:30	Thukile: No! They disappointed in the music, maybe is the woman
SI5:31	never trusting me. I'm looking after that. They are not good for
SI5:32	me.
SI5:33	MT: Who?
SI5:34	Thukile: Maybe there we singing the, in the place we call eh,
SI5:35	sport sport of music. There we are not corrected accordingly,
SI5:36	then maybe we are talking to the woman, who doesn't know what
SI5:37	can explain according music, um.
SI5:38	MT: Thanks.
SI5:39	- How would you describe how you feel normally?
SI5:40	Thukile: No. I'm just to getting, is a disappointed of to be don't
SI5:41	know maybe, know. That's all. Disappointed of otherwise to know
SI5:42	maybe to be don't know. There explaining to be me, I'm not
SI5:43	good enough.
SI5:44	MT: - And how do you feel now during the music sessions? About
SI5:45	your state of
SI5:44	Thukile: No, I'm enjoy very beautiful according to do music,
SI5:45	between one anothers.
SI5:48	MT: - Ok. Could you say anything more about why you enjoy it?
SI5:49	Thukile: No, I was love music, until the time we are young, the old
SI5:50	mans show us music, there we go to school, and then we have a
SI5:51	friends who go around, and friends there we do our music. And
SI5:52	then there's a situation of us ehh, we must be do that music,
SI5:53	because we started at the time we are younger
SI5:54	MT: - Thank you. Did the music therapy help you in any way?
SI5:55	Thukile: Maybe there we go to the disco, outside
SI5:56	MT: - No but, yes thank you, I understand that. But I'm saying did it
SI5:57	help you inside, how you feel?
SI5:58	Thukile: No, I was attending sideways you, music eh, there we
SI5:59	jiving for music eh, we getting money



SI5:60	MT: You jiving for music?
SI5:61	Thukile: Ja I was.
SI5:62	MT: So, the music that we did, us with me and you
SI5:63	Thukile: Yeah we was having a gangster we call eh, in our friends
SI5:64	eh, we was we call our music ZA Vibration (?).
SI5:65	MT: And what does the Vibration do?
SI5:66	Thukile: No we dance. We dance and sing.
SI5:67	MT: - Thanks. What was it like to make music with this group? You
SI5:68	know Lonwabo Larry
SI5:69	Thukile: No I can just to sing, I can just to sing, we sing and
SI5:70	another, to be don't change our friends, because our friends there
SI5:71	we dance and do money.
SI5:72	MT: - How did you experience yourself in our music group?
SI5:73	Thukile: Ja sometimes I'm taking only one music alone
SI5:74	MT: You're doing it all alone?
SI5:75	Thukile: I was doing it, take a guitar and play music.
SI5:76	MT: That's true hey? But you did it strongly huh?
SI5:77	Thukile: I was strong enough otherwise eh, then we get a little bit
SI5:78	sing, when the timing go.
SI5:79	MT: - How did you experience communicating with others in the
SI5:80	group?
SI5:81	Thukile: No, it was enough, we was enough, we needed to see
SI5:82	who know to the check out, to our check up mm. As how, how can
SI5:83	I explain them on music, according to the corrected, what they
SI5:84	know about
SI5:85	MT: - And has anything changed in the way you feel about the
SI5:86	other members of the group?
SI5:87	Thukile: I was feeling alright long.
SI5:88	MT: - So I'm saying, before the music, to after the music therapy -
SI5:89	was anything changed?
SI5:90	Thukile: [Laughing] Don't change for you



SI5:91	MT: Ok.
SI5:92	- Can you say anything about your general level of motivation in
SI5:93	daily life?
SI5:94	Thukile: Oooh. When I'm remember according general of guys, of
SI5:95	to call General Bantu. General Bantu who was another one in the
SI5:96	Ciskei. According we call that one was a PAC, I'm still remember.
SI5:97	MT: - Thank you. Can you say anything about your motivation in
SI5:98	the music therapy sessions has it changed, has the music
SI5:99	helped your motivation, to become stronger?
SI5:100	Thukile: Ja it's true. Otherwise I'm not perfect, in fact when I'm
SI5:101	taking guitar, and I don't know what's going on.
SI5:102	MT: - Has the music therapy made your will power weaker?Or
SI5:103	stronger?
SI5:104	Thukile: No I was weak, sometimes.
SI5:105	MT: - Can you describe how you felt about us finishing, coming to
SI5:106	an end? We did eight sessions, [counting] one, two, three, four,
SI5:107	five , six , seven , eight - finished! How did you feel about
	finishing?
SI5:108	Thukile: Oh, finishing, then we taking eight music, then we sing,
SI5:109	eight music. and then I'm getting, I'm finish to overlap music um,
SI5:110	six of music um. I'm calling that music we, we call it, is a name of
SI5:111	another one, we, we sing that music um. And getting the right
SI5:112	side, maybe womans sing, maybe men is sing, they go side. I will
SI5:113	follow your music um.
SI5:114	MT: Are you happy or sad that the music came to an end?
SI5:115	Thukile: Ja.
SI5:116	MT: Which one happy or sad?
SI5:117	Thukile: No, I just understand you. I'm perfect according to sing
SI5:118	music um.
SI5:119	MT: - Would you recommend others do group music therapy?



SI5:120	Thukile: Ja! We was in there, after you, we was going in
SI5:121	therapist music. Then we go there and we sing with another three
SI5:122	womans. We was having three womans there.
SI5:123	MT: Was it nice?
SI5:124	Thukile: Ja. Three of them.
SI5:125	MT: - Is there anything else you want to tell me about the music
SI5:126	therapy?
SI5:127	Thukile: Mm-m. I can say I'm finished now!
SI5:128	MT: Ok thanks very much.
	INTERVIEW END



Appendix L continued (SI6, no coding - Andrew):

	SI6 TRANSCRIPT
	Participant: Andrew
LINE NO.	Date: 6th May 2016
SI6:1	MT: - Okay how have you experienced making music together in the
SI6:2	sessions that we did?
SI6:3	Andrew: I dearly/didn't, really loves it
SI6:4	MT: You didn't?
SI6:5	Andrew: Yes, I really loves music. [In Afrikaans:] I love it.
SI6:6	MT: Oh, you really love it [Smiling]
SI6:7	Andrew: Because there for me, it's for me, it's a, music is a, is a, is
SI6:8	music who let people think about things in the world,
SI6:9	and they, they wishes is there
SI6:10	And also, they, they they they people when they listen that music
SI6:11	they, they gonna be feel proud [strongly emphasised], because they
SI6:12	the music on it, everything is dif difficult music of other lands.
SI6:13	That's why the people who bring the music in the land The first
SI6:14	man, it's I myself.
SI6:15	That why people, they talked about Peter Tosh, people talked about
SI6:16	Bob Marley.
SI6:17	MT: Bob Marley
SI6:18	Andrew: Is what one, I was difficult man, in the land who bring
SI6:19	all that music, all that names Michael Jackson's name, is I myself.
SI6:20	Know the people know it, but they gonnathey gonna close my
SI6:21	eyes and other people's eyes with the music man who make it in
SI6:22	the world and bring it in the world.
SI6:23	That why I love the music, I myself. Because I make it, I bring it in
SI6:24	the world.
SI6:25	MT: - OK. I see. Thanks. And in the sessions that we did together,
SI6:26	what stands out for you in the music that we played?



SI6:27	Andrew: I I loved really that music.
SI6:28	MT: Which one?
SI6:29	Andrew: Um, that one, um
SI6:30	AH, my daddy
SI6:31	He comes he don't come to me and I don't see my mother and
SI6:32	father and my brothers and sisters.
SI6:33	Because why, there's alwayswhen I , here in Valkenberg. My
SI6:34	mother is there [points left]
SI6:35	my brother is there [points right]. My father is gonna be there [points
SI6:36	behind?]
SI6:37	Also THIS [gestures wide]. I gonna be here.
SI6:38	My heart/hurt is full of pain because why, it is a shock for me, when
SI6:39	I hear it.
SI6:40	An I sit here in Valkenberg hospital. And now, the other thing is this:
SI6:41	I feel I feel now strong. And also, I was ill but now when I come
SI6:42	and I tell the the doctors, I feel like a man who can go now out.
SI6:43	Back to my home.
SI6:44	The doctors don't sign it, on my lab on my lab That that guy is, he
SI6:45	feel, like a man who can go outside, out now.
SI6:46	MT: Yes yes yes
SI6:47	Andrew: There in his home, where he stay.
SI6:48	MT: - Ja. It's tough [Pauses] Can you tell me if you use just five
SI6:49	words
SI6:50	Andrew: [Interjects] Five?
SI6:51	MT:to say how you experienced music in this group?In music
SI6:52	therapy - five words.
SI6:53	Andrew: [Afrikaans] The people were very good.
SI6:54	[Stops talking]
SI6:55	MT: [Afrikaans] The people were very good. Ok thank you, I see
SI6:56	what you are saying. But what I meant was five words like maybe:
SI6:57	lucky, angry. Do you understand? Five words about the Therapy



SI6:58	Andrew: [Afrikaans] The men in the music therapy together with
SI6:59	me, because the singing was very
SI6:60	for me, happiness. Because men also get a gang, comes up with
SI6:61	music, men.
SI6:62	MT: [Afrikaans] OK so one word there is 'sing'
SI6:63	Andrew: [Afrikaans] Sing?
SI6:64	MT: [Afrikaans] Yes
SI6:65	Andrew: [Afrikaans] From the gang From the gang.
SI6:66	[Unintelligible] What [English] makes music And other, other
SI6:67	times, long time ago in his ears. That have for, for, for
SI6:68	[Afrikaans] how can I say it in English he forgot it?
SI6:69	MT: Hmmm Vergeet dit: he forgot it.
SI6:70	Andrew: He forgot.
SI6:71	MT: - Can you tell me about what kind of music we played, in the
SI6:72	group?
SI6:73	Andrew: It was rock n Roll, it was underground, it was, it was blues.
SI6:74	It was jazz. It was , was also the last onethe people can, can,
SI6:75	can um that was gospel.
SI6:76	Gospel! That's the one. Gospel.
SI6:77	MT: - Right thanks. Um, Can you tell me some things that you did
SI6:78	and did not like in the sessions, about what we did in the music.
SI6:79	First maybe, what did you not like?
SI6:80	Andrew: I like all of that. I was like all of that.
SI6:81	MT: Anything that you did not like?
SI6:82	Andrew: No! I can't tell you that I don't like other peoples music
SI6:83	who bring it up, with me in the band. Because it is band people who
SI6:84	play with me.
SI6:85	MT: Sure. Ok thank you
SI6:86	Andrew: That's why I feel proud about them. I'm gonna be love
SI6:87	them.



SI6:88	MT: - Sure [Smiles] Now I want to ask you, how would you
SI6:89	describe your emotional state normally? How would you describe
SI6:90	how you feel, normally?
SI6:91	Andrew: Because?
SI6:92	MT: You said earlier that you're not, you're not, happy here. but
SI6:93	Andrew: I'm not happy here because why, I am from, I, I, I am from
SI6:94	home, and others brothers and sisters there, they are now in
SI6:95	Oudshorn. Because why is is is long, is long distance from here
SI6:96	and, and I'm think how long I'm staying on now in Valkenberg
SI6:97	hospital
SI6:98	MT: Ya. So would you say that you're feeling sad? Or is it
SI6:99	Andrew: I feel sad! I feel not proud(?). When I gonna feel proud
SI6:100	then ons is done with my case, is over. Then after all, then where I
SI6:101	go and I see I'm going to home now today, then can be feel proud.
SI6:102	And say hey! Is it my time now, is over? It's long time what I stay in
SI6:103	this place. But now I'm going, I'm feel like a, I'm feel like a man who
SI6:104	was free. And that is difficult from this, here what I do here, but
SI6:105	If I'm here I feel like a man who are in jail. [Points out window] If I
SI6:106	feel like a man who are, are, are in the freedom. [Stops]
SI6:107	MT: - Good thanks. Tell me something, now you've just told me how
SI6:108	you feel normally - you're feeling a little bit sad, and a little bit angry,
SI6:109	because you're stuck here in Valkenberg for a long time. Can you
SI6:110	tell me how did you feel during the time we played music. I want to
SI6:111	see, is there a difference between



SI6:112	Andrew: When, when, when when the music was made from our
	Andrew. When, when, when the music was made nom our
SI6:113	band, with master. And then I'm gonna be feel like a man who are in
SI6:114	in in in the outside, in the outside that I do. That why I love
SI6:115	music, that why I bring it in the world. I make me not it make me
SI6:116	not about think violence, or anything you can do wrong things, some
SI6:117	to people. Who respect other people, another one and another one
SI6:118	and do not things people, who people don't like it what I must do
SI6:119	I'm a big man and the people must only love me, that why, that why
SI6:120	I told the music is good for me to go to music also
SI6:121	But sometimes you must look out for
SI6:122	people who gonna be do wrong in the band
SI6:123	not the band people,
SI6:124	the people who come to the, to the, to listen.
SI6:125	MT: Must be careful?
SI6:126	Andrew: Careful of them.
SI6:127	MT: - So you say, the music had an effect on you so it made you
SI6:128	feel that you can connect with the outside world, like you can be
SI6:129	um tell me a bit more about how the music makes you feel?
SI6:130	Andrew: It make, make me, it make me strong!
SI6:131	MT: Strong thanks. Now I want to ask what was it like for you to, to
SI6:132	make music with this group that we had, you know we were you, we
SI6:133	were with Lonwabo, with Rocco You know everybody that was
SI6:134	there How did you feel about making music with them?
SI6:135	Andrew: I was very proud about them, because the music of them
SI6:136	is music who every people can like it but there is something in the
SI6:137	music of him! Who make it difficult, understanding of black and
SI6:138	coloured, music and white.
SI6:139	MT: Is it?
SI6:140	Andrew: Yes.
SI6:141	MT: So are you saying black and coloured and white, that there is a
SI6:142	difficulty



SI6:143	Andrew: It is a difficult. But if you are a coloured, and this is a black
	·
SI6:144	man, and this is a white man and you are in the same band, and
SI6:145	you listen unto the voice, or, or , or the band who gonna start on
SI6:146	8o'clock or so on to, to, and out on 6 o'clock then next morning, it is
SI6:147	too long! On 12 o'clock, on 2 o'clock it is a, it is a, how can I tell
SI6:148	younow to bring it in? In life. Is now jol (party) is out but
SI6:149	[Afrikaans] do the, the, the dance is not yet out, but the band are not
SI6:150	out How do they call it now master? If they stop now, and then
SI6:151	start going again? To the morning and then again
SI6:152	MT: Ok. So is it a problem for you?
SI6:153	Andrew: No it's not a it, for me it's not a problem to
SI6:154	make music
SI6:155	MT: With other people? That are black white, colouredor
SI6:156	Do you think music is different for coloured people and black people
SI6:157	and for white people? Or is it just music is different for everyone?
SI6:158	Andrew: My voice and the man's voice is not one and the same. Is
SI6:159	gonna be different music sounds you can make it and that man he
SI6:160	knows what he makes in the band. What is his opportunity to do it,
SI6:161	and what his songs is meaning.
SI6:162	MT: - Ah thank you. And you yourself, how did you feel , you know if
SI6:163	you look at yourself in the group? Do you feel that you are with the
SI6:164	other people, that you were communicating with them Musically?
SI6:165	Andrew: When the, when I see them around side, and, and I
SI6:166	gonna, master is gonna be star, the first man, the main man of the
SI6:167	band, who are to recognise him, to really let it go forward, to start
SI6:168	with the music. It's let me think about I think about a band around
SI6:169	say, on me, who are back in now here by me. There's no violence.
SI6:170	And there's no violence in the joy.
SI6:171	MT: Right. No violence in the joy.
SI6:172	Andrew: Because I ,that's hang, that it's hang on or from the band,
SI6:173	people who bring the music and who gonna play nice music.
-	



SI6:174	MT: - Tell me, how did you experience communicating with others in
SI6:175	the group? You know
SI6:176	Andrew: No Um
SI6:177	MT: Not much?
SI6:178	Andrew: Not much, certainly.
SI6:179	MT: - So how do you usually talk to them in the ward, or relate to
SI6:180	them in the ward. Has anything changed now after the music
SI6:181	therapy. Are you more friends with some of the guys that we had the
SI6:182	music therapy with?
SI6:183	Andrew: Because when you can't, in a band talk, you can't trust the
SI6:184	other band, in the band. Somebody has jaloos [jealousy] for you. In
SI6:185	the band. It bring more problems in your life.
SI6:186	MT: If you what?
SI6:187	Andrew: If you are a man who, who, who make music who, and the
SI6:188	people also love you, they gonna go AAAAAAAAAAAAHHH!
SI6:189	[cheering]. They gonna be made AAAAAHHH, AAAAHHH. Also this.
SI6:190	Now that other advice ja that guy uh uh. Also that guy, that guy.
SI6:191	Uh uh.
SI6:192	And what about our others? But that guys know, he listen at his
SI6:193	drummer, and there is the man you can listen in the keyboard. It is
SI6:194	also there, when it, by this, the microphone. He gonna be fanning
SI6:195	up. And also that songs about that and the guys is also there! It
SI6:196	make the band on fire! [Afrikaans] He makes it hot! In other words
SI6:197	as they say 'fuck, that men are good!' Those men tonight comes in
SI6:198	performance.
SI6:199	MT: Ok. So do you feel that the others are jealous of you?



tell it so. That why people will always try to kill me about this. About this. and other things places, gonna be stand out of me. Places gonna be dragged, also out of me, it's my hand and feet and hurt (heart? - MT) and my eyes and my tong and teeth. And my whole body, because I am no man. They gonna see who I am. S16:206 MT: Hmm. Alright thank you. S16:208 Andrew: That why they are jealous from me, cos they make me every time kill bird I meet on the road. It was always so anytime in my lifetime. Hung us, we gonna be spinning for that. S16:210 MT: - Can you say anything about your general motivation in daily life? S16:213 Andrew: My motoral, generation life? S16:214 MT: Your motivation, so like your will-power, your will to do things? S16:215 Andrew: Because like the power comes from God. My power comes from God. God gives for every man the Lord give for every people, he gives power for them S16:218 MT: So what's your power now, right now, do you have S16:219 Andrew: I'm now, the power of me, is not so much. Not so much. Because why, the name, the name, [Afrikaans] the needle who I get that scared injection, the injection now will be scared of him S16:222 MT: What I want to ask is, I mean, is S16:223 Andrew: [Quietly, Afrikaans] I must say master, but I get scared of the injection MT: Hey? S16:226 Andrew: [Afrikaans] I get scared that the injection will kill me. That thing stays in your stars. In your stars stay. That needle. The long needle. He will inject you. S16:229 MT: [Afrikaans] Who will do that?	SI6:200	Andrew: No. No one was, in, in, in because I can show it, I can
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SI6:229 MT: [Afrikaans] Who will do that?	SI6:228	needle. He will inject you.
	SI6:229	MT: [Afrikaans] Who will do that?



SI6:230	Andrew: [Afrikaans] They do it here! They inject you with that
SI6:231	needle. In this place here, the Doctor's steel needle. Because the
SI6:232	people in here must inject you.
SI6:233	MT: [Afrikaans] Are you afraid?
SI6:234	Andrew: [Afrikaans] Yes I am scared. [?] since 1929
SI6:235	MT: [Afrikaans] Yes, Ok I will speak with Dr Roffey
SI6:236	Andrew: [Afrikaans] It has been many long years since the words
SI6:237	said [?] out of my mind. But it is so, I do not lie. Ten fingers out, I am
SI6:238	telling the truth. My death lies with the needle. But it is so, how it
SI6:239	comes as a big promise to God. I will one day learn to be there.
SI6:240	MT: Thank you. So what I wanna ask is, is about the music - you
SI6:241	say your power and motivation is from God?
SI6:242	Andrew: Ja it is from God yes.
SI6:243	MT: - Is your power and motivation and will more now, after the
SI6:244	music therapy, or is it less?
SI6:245	Or the same. Your personal power
SI6:246	Andrew: Um[Afrikaans] No the power is weak, the power is
SI6:246a	weak.
SI6:247	MT: [Afrikaans] Can the power [help] do things? For instance
SI6:248	Andrew: [Afrikaans] The power is more weak. I get lame in my
SI6:249	arms and in my legs
SI6:250	MT: Yes but it's not only your arms, it's also your feelings and your
SI6:251	thinking
SI6:252	Andrew: Ooo. Sir, I think I always, I think so, I just think someone
SI6:253	wants to kill me. When I walk, I get to a deep hole that has been
SI6:254	filled in there I get a hole and I fall deep inside, there in my part of
SI6:255	the [?]. Deep in I feel an iron pole lying there. I have in my little
SI6:256	brother, there my brother lies, the truck killed him. They brought my
SI6:257	him dead to me as my little baby [?]. The iron pin stuck into me
SI6:258	here, near Grabouw.
SI6:259	That shirt is mine. I learned that night.
	-



SI6:261	MT: - I am so sorry about that. Can you tell me how did you feel
SI6:262	about the music therapy sessions coming to an end finishing now?
SI6:263	Good or bad or neutral?
SI6:264	Andrew: I feel Good.
SI6:265	MT: Are you happy that the music is finished?
SI6:266	Andrew: I'm happy the music is finished master. I'm happy.
SI6:267	MT: Why?
SI6:268	Andrew: Because why there's there's many about people who if
SI6:269	they listen unto that music, they say like, if this CD's is taken, take
SI6:270	money out and pay to, for that CD. For that percent, or on that TV.
SI6:271	MT: So the music makes them happy?
SI6:272	Andrew: Ja! Yes yes.
SI6:273	MT: - OK and would you recommend music therapy for other
SI6:274	people?
SI6:275	Andrew: Master?
SI6:276	MT: Would you recommend would you say music therapy is good
SI6:277	for other people, other patients at Valkenberg, and for other people
SI6:278	to do music therapy.
SI6:279	Andrew: No, no, not for all. For for for that one, see that one that
SI6:280	one and that one. You can see the man who can see who look at
SI6:281	the people like people who can play in the band. But not for
SI6:282	everyone. Not for everyone is it good.
SI6:283	MT: Anthony isn't it true that everybody has got music inside?
SI6:284	Everybody can love music.
SI6:285	Andrew: For the people who was not in band they listen and the
SI6:286	music and they don't understand about but but they listen how
SI6:287	come the music in who's bringing the music in the world. The first
SI6:288	man and how was the beginning to start with the music. And how,
SI6:289	and how, where come that guides from from and that organs and
SI6:290	that the whole instrumental.



SI6:291	MT: So who would you recommend to do music therapy, would you
SI6:292	say it's a good idea for one of the doctors here, or nurses, or
SI6:293	anyone or is it only for the patients? So could Dr Kaliski benefit from
SI6:294	doing music therapy?
SI6:295	Andrew: I have to say it, I would put it this way. If certain people
SI6:296	mean it. If certain people understood what is meant, what I got a
SI6:297	wind language that has touched it, that went to go and live in to
SI6:298	people
SI6:299	MT: - Ok ok. So we are finished now. I just wanna ask you is there
SI6:300	anything else you want to tell me about the music therapy that I
SI6:301	haven't asked you questions, is there something, anything else you
SI6:302	want to tell me.
SI6:303	Andrew: The music tell people bring you out of that place [loudly,
SI6:304	long pause]
SI6:305	MT: Which place?



SI6:306	Andrew: This place, Valkenberg. Valkenberg. Valkenberg - he can
SI6:307	let me go home! Because when the people can see into you, you
SI6:308	have many, many tied ends [?]. Because when if I think about I, if I
SI6:309	think about that colour making here under years. Long time ago
SI6:310	work with nails, work with screwers, work with everything about the,
SI6:311	who must go to the , we must go to the , to the shops that things
SI6:312	there, other [Afrikaans] Oh no not now master, those players just
SI6:313	see a west Coast place there. That is a big place there. That
SI6:314	place see that is a great place there, the place around here. And
SI6:315	they say I have myself a lot of farms, more then six, and they are
SI6:316	busy planting right now! Then go to Cape Town, they come with my
SI6:317	sweetheart from far away. Now there are other estates that are
SI6:318	looking to be bought so far goes to Then look now so little as after
SI6:319	the grand Limpopo. As they say, Angola Natalie P.E
SI6:320	Durban All the ongoing, he goes to a single [?] of the real world
SI6:321	from coming here. From that place there is no hurt. Theres not hurt.
SI6:322	And you get there theres [?], foreigners
SI6:323	MT: Alright dankie [thank you] Anthony. Dankie man.
SI6:324	Andrew: Ja master.
	INTERVIEW END



Appendix L continued (SI7, no coding - Rocco):

LINE NO.	SI7 TRANSCRIPT
	Participant: Rocco
	Date: 9th May 2016
SI7:1	MT: So basically I just wanted to talk to you about the music
SI7:2	therapy just to find out some of the things that you thought about it.
SI7:3	So I just wanted to ask,
SI7:4	- How did you feel about making music together in the sessions?
SI7:5	Rocco: It was just good.
SI7:6	MT: - Does anything stand out for you that you feel is good or bad?
SI7:7	Rocco: Mmm Nothing
SI7:8	MT: - OK. Do you think you could find 5 words to describe the
SI7:9	music therapy, so you say 5 words about how did it make you
SI7:10	feel? So I'm saying like, let's say I can find 5 words for this bag
SI7:11	here, I could say it's black, it's got a zip, it's big you know? Could
SI7:12	you use 5 words for music therapy?
SI7:13	Rocco: I find it was good, it was explaining it express how the
SI7:14	world goes. Music gives life.
SI7:15	MT: Thanks
SI7:16	Rocco: And eh it's romantic.
SI7:17	MT: Romantic?
SI7:18	Rocco: Yeah.
SI7:19	MT: Do you feel that music helps you to um, feel romantic?
SI7:20	Because there are no women here?
SI7:21	Rocco: Ya.
SI7:22	MT: - What do you think about the kind of music that we played and
SI7:23	created there?
SI7:24	Rocco: It just a need to practice more so that we can make a
SI7:25	sound, that give a sense to it.
SI7:26	MT: - Uh-huh, sure. Is there anything that you did not like about the
SI7:27	sessions that



SI7:28	Rocco: Ya, it's a when like someone don't take the rhythm, of
SI7:29	the music
SI7:30	MT: - Right. Thank you. Would you describe how you feel
SI7:31	normally? forget about the music, I'm saying you right now, um how
SI7:32	are you feeling? Are you feeling
SI7:33	Rocco: Actually it [the MTy] makes me feel warm. Now I'm cold.
SI7:34	MT: You're feeling cold?
SI7:35	Rocco: Hmm.
SI7:36	MT: And when we did the music did it make you feel warm?
SI7:37	Rocco: Ja.
SI7:38	MT: - Is there anything else that the music made you feel? When
SI7:39	we played it.
SI7:40	Rocco: I don't have the words.
SI7:41	
SI7:42	MT: - Alright thank you. Do you think that us doing music therapy
SI7:43	did it have an effect on you?
SI7:44	Rocco: Ja
SI7:45	MT: What? What effect did it have on you?
SI7:46	Rocco: Something new, but for me because I never did it before.
SI7:47	MT: - And what was new, was, did, was there something about
SI7:48	Rocco that is different now?
SI7:49	Rocco: Ja
SI7:50	MT: What?
SI7:51	Rocco: What I can say music, ja, music itself.
SI7:52	MT: It's difficult to talk about music hey?
SI7:53	Rocco: Ja it is.
SI7:54	MT: Music we we sing, we listen to music, and we play music but
SI7:55	it's difficult to talk about music! What words?
SI7:56	Rocco: Ja. I'm not used to it yet.
SI7:57	MT: Me too. I mean I think music just because music is, uh is it
SI7:58	spiritual? I don't know. Music is something else
SI7:59	Rocco: It's a spiritual.
SI7:60	MT: Ok
	1



SI7:61	Rocco: It's spiritual. (long pause)
SI7:62	MT: - So. What was it like for you to make music with this group of
SI7:63	people? You know Lonwabo, Thukile, all the others Larry. How
SI7:64	did you feel about that? Playing music with them.
SI7:65	Rocco: It was nice to play it in a group, but when it's like someone
SI7:66	don't understand the sense of it When it becomes like, it make us
SI7:67	bored.
SI7:68	MT: Ah
SI7:69	Rocco: Yes
SI7:70	MT: So you felt that sometimes it got a bit boring because some of
SI7:71	the people didn't pick up the rhythm?
SI7:72	Rocco: Ja. Ja.
SI7:73	MT: - Ah. and how did you feel you were in the group?
SI7:74	Rocco: Eh, Ja, I was feeling like my self I'm I'm the best!
SI7:75	MT: Yes?
SI7:76	Rocco: Ja. I was feeling as the best, you know, of all the people.
SI7:77	MT: Is that because of your drumming?
SI7:78	Rocco: Ja.
SI7:79	MT: And singing as well?
SI7:80	Rocco: Singing as well.
SI7:81	MT: And rapping?
SI7:82	Rocco: Ja.
SI7:83	MT: Everything? [Smiling]
SI7:84	Rocco: Everything.
SI7:85	MT: Even the stretching?
SI7:86	Rocco: Ja. Ja.
SI7:87	MT: So you had a very strong positive feeling about yourself?
SI7:88	Rocco: Ja.



SI7:89	MT: Ok. And then do you think that how you felt then, in the you
SI7:90	know doing all of this music you could sing it, you could play the
SI7:91	drums, you could dance, and rap and all of that um did you feel
SI7:92	that gave you some, something different for now? For Rocco
SI7:93	outside music therapy, in Valkenberg itself, and now going out on
SI7:94	leave eventually and Do you think that somehow the confidence
SI7:95	that you got, that you are the best in music that you can take that
SI7:96	into the world.
SI7:97	Rocco: Ja. If I can find the group of people who sing, who play,
SI7:98	who dance music properly, I can be somebody in the music, ja. I
SI7:99	have that talent, exactly.
SI7:100	MT: Right. I'm saying Let's say, you know the feeling you've got
SI7:101	"I'm good, I'm good at music." Now [what] if we just have that
SI7:102	feeling about something else maybe, other things. So now you can
SI7:103	walk through the world and those days that you're not playing
SI7:104	music, you can still be confident, you can still be: "I'm good." You
SI7:105	can still be: "I can do this".
SI7:106	Rocco: Ja
SI7:107	MT: Even if you're not playing in the band. You know, even if you're
SI7:108	going to do something different, like you know, catch some trains,
SI7:109	or going for job interviews, or whatever
SI7:110	You can still say "I can do this" because the music has given you
SI7:111	or because you can do music. It's given you something?
SI7:112	Rocco: Ja.
SI7:113	MT: Do you think that is possible?
SI7:114	Rocco: Ja it is.
SI7:115	MT: That's very cool.
SI7:116	- Can you tell me how did you experience communicating with
SI7:117	others in the group?
SI7:118	Rocco: I was just cool.
SI7:119	MT: I was just cool?



SI7:120 F	Rocco: Just fine.
SI7:121 N	MT: Alright.
SI7:122 -	And then has anything changed in how you relate to them now
SI7:123 a	after the music therapy, or is it the same as before?
SI7:124 F	Rocco: No it's just the same as before.
SI7:125 N	MT: Ok.
SI7:126 -	Can you say anything about your general level of motivation, or
SI7:127 w	vill-power in normal daily life?
SI7:128 F	Rocco: I'm just someone with a lot of talent.
SI7:129 N	MT: Yes, with a lot of talent. And do you have the will-power to take
SI7:130 th	hat talent and do something?
SI7:131 F	Rocco: Umm. I just don't know.
SI7:132	MT: Ok. In your music therapy
SI7:133 -	Do you think the music therapy sessions have helped you for your
SI7:134 n	notivation outside music?
SI7:135	Rocco: Ja. Yes.
SI7:136	MT: - Can you describe how you felt about the music therapy
SI7:137 s	sessions coming to an end, finishing?
SI7:138	Rocco: Mmm. Come again?
SI7:139 N	MT: Like. Now the music therapy sessions is finished. How do you
SI7:140 fe	eel about that?
SI7:141 F	Rocco: No, just fine. I was just thinking maybe we would be like a
SI7:142 ju	udge, you had it there to proclaim to say this one was number
SI7:143 o	one, this one was like number two. This was like number three. Ja.
SI7:144 N	MT: Ok.
SI7:145 -	Rocco would you recommend other people do music therapy? Do
SI7:146 y	ou think it's good?
SI7:147	Rocco: Mm, Ja.
SI7:148	MT: Why do you think it' good?
SI7:149	Rocco: Because everyone got his talent, and try to sing also.



SI7:150	MT: - Is there anything else you want to add. This is the last
SI7:151	question. Is there anything else you want to add, about our music
SI7:152	therapy time together?
SI7:153	Rocco: Um, I just I can have someone to teach me how to play
SI7:154	guitar. And I can be composing my songs.
SI7:155	MT: You want to compose some songs?
SI7:156	Rocco: Ja. Talking about some stories, histories and so on. But, to
SI7:157	play it with a guitar.
SI7:158	MT: Rocco thanks very much. Thanks for doing the music therapy
SI7:159	and thanks for dong the interview.
SI7:160	Rocco: Thank you very much.
	INTERVIEW END



Appendix L continued (SI8, no coding - Douglas):

LINE NO. Date: 12th May 2016 SI8:1 MT: Thanks very much for doing the Music TherapyPermanence sessions, and thanks very much for dong this interview which will be sessions, and thanks very much for dong this interview which will be the last time that we see each other. But you'll still see some of Marc. I just wanted to ask you SI8:4 just wanted to ask you SI8:5 - How have you experienced making music together in this group? SI8:6 Douglas: Hmm, don't look. SI8:7 MT: Hmm? SI8:8 Douglas: Nothing SI8:9 MT: Nothing? SI8:10 Douglas: Yes SI8:11 MT: Nothing? Um did you feel SI8:12 Douglas: Alright. [Thumbs up] Feel alright. SI8:13 MT: You feel alright? SI8:14 - Is there anything that stands out for you? SI8:15 Douglas: No SI8:16 MT: OK. SI8:17 - Can you sum up your experience in this group Music Therapy using any five words? SI8:20 music - so five words like fun, tiring, exercise, breath SI8:21 Can you find any five words like that to describe the Music Therapy sessions. SI8:23 Douglas: It's always nice. SI8:24 MT: Hey? SI8:25 Douglas: It's always nice. Nice. SI8:26 MT: Ok that's one, anything else? SI8:27 Douglas: No SI8:28 MT: Can you find another word?		SI8 TRANSCRIPT
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SI8:28 MT: Can you find another word?	SI8:27	Douglas: No
	SI8:28	MT: Can you find another word?



SI8:29	Douglas: [Shakes head no]
SI8:30	MT: Ok thank you Can talk to me about the kind of music we
SI8:31	created/played together?
SI8:32	Douglas: No
SI8:33	MT: Do you think we played Reggae? Um
SI8:34	Douglas: No
SI8:35	MT: What music do you like?
SI8:36	Douglas: Rap and Hip hop.
SI8:37	MT: And did we do some rap and hip-hop?
SI8:38	Douglas: Yes.
SI8:39	MT: Which was your favourite type of music that we played?
SI8:40	Douglas: Eminem
SI8:41	MT: Oh, And what we played together in the Music Therapy?
SI8:42	Douglas: Oh. No.
SI8:43	MT: Did you like what we played together, like It's a wonderful world,
SI8:44	or
SI8:45	Douglas: No
SI8:46	MT: Ok that's fine.
SI8:47	- Can you tell me something you did not like in the sessions that we
SI8:48	did together, in the music.
SI8:49	Douglas: No, I like everything.
SI8:50	MT: Like everything?
SI8:51	Douglas: Everything.
SI8:52	MT: Do you remember some of the things you contributed in the
SI8:53	sessions? So when we did the warmup, remember we did the warmup
SI8:54	where[demonstrates] Ja. So you remember that [Douglas:
SI8:55	gestures similarly] Do you remember which warmup exercise you told
SI8:56	everybody else to do?
SI8:57	Douglas: No.
SI8:58	MT: We would stand up and then [Pause]
SI8:59	Douglas: Stand up
SI8:60	MT: And then hop



SI8:61	Douglas: Ja
	•
SI8:62	MT: Do you remember? Douglas: I remember.
SI8:63	
SI8:64	MT: You told us to hop hey? Did you enjoy that?
SI8:65	Douglas: Enjoy that, I did.
SI8:66	MT: And did you enjoy playing the drums?
SI8:67	Douglas: Yes.
SI8:68	MT: Why?
SI8:69	Douglas: For feeling well.
SI8:70	MT: Do the drums help you to feel well?
SI8:71	Douglas: For someone too, someone else.
SI8:72	MT: Why do you feel the drums
SI8:73	Douglas: [Interjects] It feel alright.
SI8:74	MT: And the guitar?
SI8:75	Douglas: Guitar, alright, alright.
SI8:76	MT: Thank you.
SI8:77	- How would you describe how you feel normally?
SI8:78	Douglas: I feel alright. Normal.
SI8:79	MT: Is it the same when you we finished playing music, or normally
SI8:80	now - is it the same?
SI8:81	Douglas: No, no.
SI8:82	MT: Does it change? Does the music make you feel better?
SI8:83	Douglas: Happy.
SI8:84	MT: Happy. And then now, are you also happy?
SI8:85	Douglas: Also happy.
SI8:86	MT: So is there any difference between how you feel with the music
SI8:87	and how you feel normally?
SI8:88	Douglas: [Pauses] No, no.
SI8:89	MT: Is it difficult to talk about this? [Afrikaans] Do you want me to talk
SI8:90	Afrikaans?
SI8:91	Douglas: No, alright.
SI8:92	MT: [Afrikaans] English is fine?
SI8:93	[English] - How did you feel during the music sessions?
	-



SI8:94	Douglas: I feel alright. Nice and cool.
SI8:95	MT: - Could you say something about why you feel that?
SI8:96	Douglas: My soul feel good. My soul and my body.
SI8:97	MT: Your body and soul.
SI8:98	Douglas: Ja. [Pause] I wanna go now [gets up to go]
SI8:99	MT: Sorry, can we finish please? [Douglas: Nods, sits]
SI8:100	Sometimes you tried to sing some gospel
SI8:101	Douglas: Gospel?
SI8:102	MT: Like you were singing [sings] "Die here van Jesus"
SI8:103	Douglas: [Sings] "Ons na here gaan toe" [continues]
SI8:104	MT: [Afrikaans] What song is that? [long pause] That is a very
SI8:105	beautiful song that you are singing.
SI8:106	Douglas: Ja
SI8:107	MT: [Afrikaans] How are feeling? Are you alright?
SI8:108	Douglas: Alright.
SI8:109	MT: - Can I ask you if the music made you feel anything, that we
SI8:110	played?
SI8:111	Douglas: Music made pop, feel alright (?)
SI8:113	MT: - What was it like for you to play music with these people? You
SI8:114	know you played with Lonwabo, Thukile, Larry, you know everybody?
SI8:115	How did you feel about playing?
SI8:116	Douglas: Playing nice. Like it.
SI8:117	MT: You like it?
SI8:118	Douglas: Ja I did.
SI8:119	MT: - How did you experience yourself in the group?
SI8:120	Douglas: Good
SI8:121	MT: - How did you experience communicating with others in the
SI8:122	group?
SI8:123	Douglas: Nothing.
SI8:124	MT: - Is there anything different with how you are with your friends in
SI8:125	the ward, after the Music Therapy?
SI8:126	Douglas: Nothing.
SI8:128	MT: - Can you say anything about your general motivation in daily life?



SI8:129	Douglas: No. Nothing.
SI8:130	MT: - Can you say anything has changed about your motivation in
SI8:131	Music Therapy sessions?
SI8:132	Douglas: No. It's true.
SI8:133	MT: And your present level of motivation?
SI8:134	Douglas: No.
SI8:135	MT: - Can you tell me how you feel about the sessions coming to an
SI8:136	end?
SI8:137	The music finishing
SI8:138	Douglas: Oh no, no no.
SI8:139	MT: Would you like it to carry on or stop?
SI8:140	Douglas: No you carry on.
SI8:141	MT: Ok.
SI8:142	- Would you recommend, would you say that other people should do
SI8:143	Music Therapy?
SI8:144	Douglas: Yes.
SI8:145	MT: Can you tell me why?
SI8:146	Douglas: Make me happy.
SI8:147	MT: - Is there anything else you want to tell me?
SI8:148	Douglas: No. No. music is alright.
SI8:149	MT: Music is alright. And I just want to say thank you very much for
SI8:150	doing Music Therapy with me and with everybody.
SI8:151	Douglas: Me too.
SI8:152	MT: And it was great having you in the group and I hope that the music
SI8:153	that we created together can be with you and stay with you so that you
SI8:154	can now go into the world and bring some of that music with you.
SI8:155	Because music you can bring it anywhere hey?
SI8:156	Music you can bring anywhere.
SI8:157	Thanks very much.
SI8:158	Douglas: Thank you, thank you.
	INTERVIEW END



Appendix M (Full PANSS scores across participants - Lonwabo):

		Partic	ipant
		Lonw	vabo
		Pre	Post
Positive subscale			
Delusions		1	2
Conceptual disorganisation		1	2
Hallucinatory behaviour		1	1
Excitement		1	1
Grandiosity		1	1
Suspiciousness/persecution		2	1
Hostility		1	1
	Total	8	9
	Average	1.1	1.3
Negative subscale			
Blunted affect		1	1
Emotional withdrawal		1	1
Poor rapport		1	1
Passive/apathetic social withdrawal		1	1
Difficulty in abstract thinking		2	2
Lack of spontaneity and flow of conversation		1	1
Stereotyped thinking		1	1
	Total	8	8
	Average	1.1	1.1
General psychopathology subscale			
Somatic concern		1	3
Anxiety		1	2
Guilt feelings		4	3
Tension		2	2
Mannerisms and posturing		1	1
Depression		1	1
Motor retardation		1	1
Uncooperativeness		1	1
Unusual thought content		1	2
Disorientation		1	1
Poor attention		1	1
Lack of judgement and insight		3	2
Disturbance of volition		1	1
Poor impulse control		1	1
Preoccupation		1	1
Active social avoidance		1	1
	Total	22	24
	Average	1,375	1,5
	GRAND TOTAL	38	41



Appendix M (Full PANSS scores across participants - Samual):

		Participa	ant
		Samua	il
		Pre	Post
Positive subscale			
Delusions		3	
Conceptual disorganisation		2	
Hallucinatory behaviour		2	
Excitement		1	
Grandiosity		1	
Suspiciousness/persecution		3	
Hostility		2	
	Total	14	10
	Average	2	1,4
Negative subscale			
Blunted affect		3	3,0
Emotional withdrawal		2	2,0
Poor rapport		4	4,0
Passive/apathetic social withdrawal		2	2,0
Difficulty in abstract thinking		5	5,0
Lack of spontaneity and flow of conversation		4	5,0
Stereotyped thinking		4	4,0
	Total	24	25,0
	Average	3,4	3,6
General psychopathology subscale			
Somatic concern		1	1,0
Anxiety		2	1,0
Guilt feelings		4	3,0
Tension		2	2,0
Mannerisms and posturing		1	1,0
Depression		1	1,0
Motor retardation		1	1,0
Uncooperativeness		1	1,0
Unusual thought content		2	1,0
Disorientation		2	3,0
Poor attention		2	2,0
Lack of judgement and insight		3	4,0
Disturbance of volition		1	3,0
Poor impulse control		1	2,0
Preoccupation		1	3,0
Active social avoidance		1	2,0
	Total	26	31,0
	Average	1.6	1.9
	1		



Appendix M (Full PANSS scores across participants - Larry):

		Partio	cipant
		Lar	ry
		Pre	Post
Positive subscale			
Delusions		2	
Conceptual disorganisation		1	
Hallucinatory behaviour		1	
Excitement		2	
Grandiosity		3	
Suspiciousness/persecution		2	
Hostility		1	
	Total	12	9
	Average	1,7	1,3
Negative subscale			
Blunted affect		2	;
Emotional withdrawal		2	2
Poor rapport		2	2
Passive/apathetic social withdrawal		1	2
Difficulty in abstract thinking		3	
Lack of spontaneity and flow of conversation		2	
Stereotyped thinking		2	
	Total	14	15
	Average	2,0	2,1
General psychopathology subscale			
Somatic concern		1	2
Anxiety		1	
Guilt feelings		3	2
Tension		2	
Mannerisms and posturing		1	•
Depression		3	
Motor retardation		1	
Uncooperativeness		1	
Unusual thought content		1	
Disorientation		2	
Poor attention		2	
Lack of judgement and insight		4	
Disturbance of volition		1	
Poor impulse control		1	
Preoccupation		2	
Active social avoidance		1	
	Total	27	23
	Average	1,7	1,4



Appendix M (Full PANSS scores across participants - Tiago):

		Partic	ipant	
		Tiag	go	
		Pre	Post	
Positive subscale				
Delusions		2		
Conceptual disorganisation		1		_
Hallucinatory behaviour		2		4
Excitement		1		
Grandiosity		1		•
Suspiciousness/persecution		4		(
Hostility		1		•
	Total	12	13	
	Average	1,7	1,9	
Negative subscale				
Blunted affect		2		•
Emotional withdrawal		2		•
Poor rapport		2		•
Passive/apathetic social withdrawal		4		(
Difficulty in abstract thinking		3		2
Lack of spontaneity and flow of conversation		1		•
Stereotyped thinking		2		2
	Total	16	11	
	Average	2,3	1,6	
General psychopathology subscale				
Somatic concern		2		_
Anxiety		2		2
Guilt feelings		2		2
Tension		2		_
Mannerisms and posturing		1		_
Depression		1		_
Motor retardation		1		_
Uncooperativeness		1		_
Unusual thought content		2		2
Disorientation		2		_
Poor attention		1		•
Lack of judgement and insight		4		4
Disturbance of volition		3		•
Poor impulse control		1		•
Preoccupation		2		2
Active social avoidance		4		(
	Total	31	25	
	Average	1,9	1,6	
	GRAND TO	59	49	



Appendix M (Full PANSS scores across participants - Thukile):

		Partic	ipant
		Thul	kile
		Pre	Post
Positive subscale			
Delusions		2	
Conceptual disorganisation		3	(
Hallucinatory behaviour		3	
Excitement		2	;
Grandiosity		1	
Suspiciousness/persecution		2	,
Hostility		1	
	Total	14	19
	Average	2	2,7
Negative subscale			
Blunted affect		2	•
Emotional withdrawal		2	2
Poor rapport		2	•
Passive/apathetic social withdrawal		2	2
Difficulty in abstract thinking		5	(
Lack of spontaneity and flow of conversation		2	;
Stereotyped thinking		4	(
	Total	19	21
	Average	2,7	3
General psychopathology subscale			
Somatic concern		1	;
Anxiety		2	2
Guilt feelings		2	2
Tension		2	2
Mannerisms and posturing		1	•
Depression		1	
Motor retardation		1	
Uncooperativeness		1	•
Unusual thought content		3	
Disorientation		1	;
Poor attention		1	,
Lack of judgement and insight		4	(
Disturbance of volition		1	2
Poor impulse control		1	4
Preoccupation		1	
Active social avoidance		1	
	Total	24	38
	Average	1,5	2,4
	GRAND TOTAL	57	78



Appendix M (Full PANSS scores across participants - Andrew):

		Part	icipant
		And	drew
		Pre	Post
Positive subscale			
Delusions		5	6
Conceptual disorganisation		6	5
Hallucinatory behaviour		1	2
Excitement		3	4
Grandiosity		2	3
Suspiciousness/persecution		3	3
Hostility		1	1
	Total	21	24
	Average	3	3,4
Negative subscale			
Blunted affect		3	2
Emotional withdrawal		4	2
Poor rapport		3	2
Passive/apathetic social withdrawal		3	2
Difficulty in abstract thinking		5	6
Lack of spontaneity and flow of conversation		2	3
Stereotyped thinking		4	5
	Total	24	22
	Average	3,4	3,1
General psychopathology subscale		·	
Somatic concern		1	5
Anxiety		2	4
Guilt feelings		1	2
Tension		3	4
Mannerisms and posturing		1	4
Depression		3	2
Motor retardation		1	1
Uncooperativeness		1	1
Unusual thought content		4	4
Disorientation		3	3
Poor attention		3	4
Lack of judgement and insight		<u>5</u>	6
Disturbance of volition		2	2
Poor impulse control		 1	2
Preoccupation		 4	4
Active social avoidance		2	1
	Total	37	49
	Average	2,3	3,1
	5 -	, -	-,.
	GRAND TOTAL	82	95



Appendix M (Full PANSS scores across participants - Rocco):

		Partici	pant	
		Rocc	0	
		Pre	Post	
Positive subscale				
Delusions		2		1
Conceptual disorganisation		2		_1
Hallucinatory behaviour		1		1
Excitement		2		1
Grandiosity		4		2
Suspiciousness/persecution		4		3
Hostility		2		1
	Total	17	10	
	Average	2,4	1,4	
Negative subscale				
Blunted affect		3		3
Emotional withdrawal		2		2
Poor rapport		2		1
Passive/apathetic social withdrawal		2		2
Difficulty in abstract thinking		2		2
Lack of spontaneity and flow of conversation		2		2
Stereotyped thinking		2		2
	Total	15	14	
	Average	2,1	2	
General psychopathology subscale				
Somatic concern		3		2
Anxiety		2		2
Guilt feelings		3		4
Tension		2		2
Mannerisms and posturing		1		1
Depression		2		3
Motor retardation		1		1
Uncooperativeness		1		1
Unusual thought content		3		2
Disorientation		1		2
Poor attention		1		1
Lack of judgement and insight		4		4
Disturbance of volition		2		2
Poor impulse control		1		1
Preoccupation		2		2
Active social avoidance		1		1
	Total	30	31	
	Average	1,9	1,9	
		1		



Appendix M (Full PANSS scores across participants - Douglas):

		Partic	ipant
		Doug	glas
		Pre	Post
Positive subscale			
Delusions		3	;
Conceptual disorganisation		4	;
Hallucinatory behaviour		2	;
Excitement		1	•
Grandiosity		4	,
Suspiciousness/persecution		5	4
Hostility		2	
	Total	21	21
	Average	3	3
Negative subscale			
Blunted affect		6	(
Emotional withdrawal		5	4
Poor rapport		6	Į.
Passive/apathetic social withdrawal		5	4
Difficulty in abstract thinking		6	(
Lack of spontaneity and flow of conversation		6	(
Stereotyped thinking		6	(
	Total	40	37
	Average	5,7	5,3
General psychopathology subscale			
Somatic concern		1	
Anxiety		2	2
Guilt feelings		2	
Tension		2	
Mannerisms and posturing		1	
Depression		2	
Motor retardation		1	
Uncooperativeness		1	
Unusual thought content		4	
Disorientation		6	
Poor attention		5	Į.
Lack of judgement and insight		6	(
Disturbance of volition		3	
Poor impulse control		1	
Preoccupation		4	4
Active social avoidance		4	
	Total	45	43
	Average	2,8	2,7
	GRAND TOTAL	106	101

Appendix N: Thick description one, with coding

Date: Wednesday 30 March 2016. Total minutes: 50'

ġ	THICK DESCRIPTION ONE TRANSCRIPT Drums are used as tables in front of each of the participants for small	CODES
	s are used as tables in front of each of the participants for small	
	percussion instruments. We are going round the circle one by one, while the	
	rest of the group plays a musically supportive role. Each successive solo	
1.01:4 mas me	has the remaining participants playing percussive instruments. There is	
TD1:5 some r	some reticence in becoming involved at first. The MT suspects that because	
TD1:6 it is se	it is session one, the first time we are together in a group, some group	
TD1:7 music	music therapy acculturation must still take place. The role of the particular	
TD1:8 diagno	diagnosis in any behaviour should also be considered. There is no eye	
TD1:9 contac	contact when we begin the activity, and all join in compliantly when invited.	TD1:9 a) Compliance
TD1:10 It is no	It is now Douglas's turn. Just before he starts there is music still being	TD1:10-11 a) Turn taking b) Sings in designated turn
TD1:11 played	played in the group. Douglas sings a phrase from a (perhaps little — known?)	a phrase from a (perhaps little — known?) TD1:11-12 a) Engaging with voice as first choice.
TD1:12 Afrikaa	Afrikaans gospel song. As he sings, the playing in the group comes to a	TD1:12-19 a) Group waits for singer b) Group listens to
TD1:13 pause,	pause, and there is a sense of expectancy, of waiting for Douglas to sing	singer b) Expectancy of some performance
TD1:14 again.	again. Douglas is singing something about Jesus being on all sides, though	
TD1:15 his enu	his enunciation makes following the words difficult. It is only through his	TD1:15-18 a) Repetition of music material
TD1:16 repetiti	repetition of the phrases in later sessions that the MT realises it must be	b) Initiates song choice



TD1:17	drawn from his previous experience and could be an established Christian	
TD1:18	gospel song. The song is probably Verslae from a Christian rock band called	
TD1:19	Flaming Victory. The delivery is quite matter-of-fact and he mixes spoken	TD1:19-21 a) Relatively flat vocal delivery b) Spoken word
TD1:20	word and song. He floats from speaking into melodic expression of the words,	to song c) Melodic phrasing
TD1:21	and ends the phrase returning to his natural speaking voice. The very last	
TD1:22	word of the phrase falls off in pitch, sliding down. The song comes out in thick	TD1:22-23 a) Descending vocal endings.
TD1:23	cascades of words, pauses between phrases, and not underpinned in a	TD1:23-25 a) Pacey vocal delivery (though still flat)
TD1:24	unified rhythmic pulse. Notwithstanding this, his melodic phrasing is	b) Singing organised diatonically c) Unpredictable
TD1:25	unmistakably diatonic in the key of C.	rhythmically
TD1:26	Lonwabo halts his Xylophone playing as Douglas sings his second phrase,	TD1:26 a) Soloist elicits individual response TD1:27-28
TD1:27	turning to look at him. He has not made eye contact before. Tiago, playing	a) Eye contact b) Soloist elicits individual response
TD1:28	my guitar quietly, also responds and looks up at Douglas briefly as he sings.	
TD1:29	Tiago tries to strum in accord with Douglas' singing, mirroring the vocal	TD1:29-31 a) Acceptance (by participant) of soloist's
TD1:30	delivery with open string strumming. Tiago plays louder now, matching a	leadership b) Attuning with soloist c) Musical mirroring
TD1:31	slight energy lift by Douglas. Thukile, impassive and leaning on his elbows,	d) Participant matching soloist's vitality
TD1:32	turns to look at Douglas too. Thukile spends the rest of the solo rubbing his	TD1:31-33 a) Choice not to play
TD1:33	face tiredly with one hand.	



TD1:34	In an effort to encourage Douglas to lead, the MT uses a tambourine to mirror	
TD1:35	Douglas's song — not to try and impose any sort of pulse at all. Here the	TD1:35-38 a) MT: Arrhythmic musical accompaniment
TD1:36	instrument was purely expressively arrhythmic. The MT tries to play his	b) MT: facilitate relationship c) MT: Encouragement
TD1:37	phrasing directly, to draw him into a relationship. The MT smiles in	d) MT. Following the leadership
TD1:38	encouragement as the final phrase of the section of song is sung. The contour TD1:38-39 a) Melodically organised - ends on tonic	TD1:38-39 a) Melodically organised - ends on tonic
TD1:39	and cadence of the melody leaves no doubt as to the ending, the tonic note of b) MT: encouragement	b) MT. encouragement
TD1:40	chord one. Douglas decides he has finished, and stops playing. Rocco is	TD1:39-40 a) Musically meaningful ending b) Agency
TD1:41	looking at Douglas, and acknowledges each passing phrase of singing with a	TD1:40-42 a) Soloist elicits individual response
TD1:42	slight head movement. Rocco is silently watching, but he punctuates the end	TD1:42-43 a) Affirmation of another's expression
TD1:43	of Douglas's fourth and final phrase with an affirmative djembe hit. He follows	TD1:43-44 a) Sensitivity to mutuality of the space
TD1:44	the hit by a simple rhythm, immediately softer and more retreating. Rocco's	TD1:44-47 a) Cohesion of expression b) Extension of
TD1:45	first hit marks the beginning, or at least the appropriate point of continuation of	creative expression c) Willingness to join
TD1:46	the song itself. It makes musical sense for him to play at that point in time, if	
TD1:47	Douglas had chosen to continue or repeat the song.	
TD1:48	The quieter playing after the initial hit is accompanied by a quick glance up at	TD1:48-50 a) Withstand surprise without stopping
TD1:49	Douglas, like he was taken by surprise that Douglas did not begin singing	



TD1:50	again. He does not stop playing. At the very same moment as the drum hits,	TD1:50-51 a) Synchronous co-operation b) attunement
TD1:51	Lonwabo begins playing a lively xylophone melody, using both hands and	b) Increased vitality c) Soloist initiates contribution
TD1:52	nodding his head to the beat. He plays using the right hand to state the	
TD1:53	leading rhythmic, and leading melodic motif, whilst the left hand supports by	
TD1:54	adding grace notes sparsely. Rocco continues the rhythm, and is steady but	TD1:54-55 a) Continuation despite 'interference'
TD1:55	clearly drops in volume as the MT speaks into the musical space. The MT	TD1:55-56 a) Inter-personal affirmation (soloist and MT)
TD1:56	says thank you to Douglas for his solo. Douglas gives a 'thumbs up'.	
TD1:57	As if in response, Andrew, Tiago, Rocco play slightly louder, a kind of flourish	TD1:57-58 a) Participant initiated expression
TD1:58	during the 'thumbs up' exchange. The music is building, with Rocco setting	TD1:58-60 a) Sustained and increased coherent expression
TD1:59	the steady beat and Lonwabo improvising. The energy in the group is higher,	b) Group-directed momentum
TD1:60	there is forward momentum. Out of this more driving energy, Lonwabo playing TD1:60-62 a) Personal initiative b) Creative autonomy	TD1:60-62 a) Personal initiative b) Creative autonomy
TD1:61	his xylophone emerges more prominently. Lonwabo is assuming his role as	c) Self-engagement in leadership
TD1:62	the next soloist without intervention. At the same moment the MT was about	TD1:62-63 a) MT: Awareness of initiative
TD1:63	to announce Lonwabo as the soloist, he realised Lonwabo had already begun.	
TD1:64	At this moment the quality of his playing is urgent, and with higher dynamics	TD1:64-65 a) Assertive self-expression
TD1:65	than previously. As the MT is about to speak, Lonwabo looks up and catches	TD1:65-69 a) Sustained musical activity despite
TD1:66	his eye, and intensely and loudly plays for a moment. Lonwabo's eyebrows	interference' b) Inter-communicative eye contact



TD1:67	raise slightly, as the MT catches himself. The MT realises the soloist has	c) Participant communication with music intensity
TD1:68	already begun soloing, and there is no need to say or do anything. The MT	TD1:67-69 a) MT: steps back b) MT: Gesture not voice
TD1:69	offers a gesture of encouragement and continuation. Lonwabo immediately	c) MT: Encouragement d) MT: Facilitates musical flow
TD1:70	goes back to looking at his instrument, and promptly the playing is softer, and	TD1: 69-72 a) Individual engagement with music instrument
TD1:71	more flowing. He begins to utilise the full range of the instrument, whereas	b) Varied self-expression c) Extends self-expression on
TD1:72	before he was concentrating on just two or three repeated notes.	instrument
TD1:73	Lonwabo's playing has conviction and purpose. He moves his head to the	TD1:73-75 a) Conviction b) Reflects own music in body
TD1:74	beat and the tempo is a lively 204 bpm. This means his head is nodding at	movement c) Self-synchrony d) Interpersonal synchrony
TD1:75	a high rate of speed. Even though there is some stuttering in his hand	TD1: 75-77 a) Coherence b) Attempts at co-ordination
TD1:76	coordination, missed notes and stick entanglement, Lonwabo mostly	
TD1:77	produces a coherent sound. His right hand continues to lead, playing on	TD1:77-79 a) Textural and rhythmic variation b) Use of both
TD1:78	every beat of the bar, (four-to-the-floor) however now the left comes in more	hands in concert
TD1:79	often providing textural and rhythmic variations. Yet the way the instrument is	
TD1:80	played is quite hard and uncompromising. Something of a pattern to his	TD1:80-83 a) Identifiable pattems created
TD1:81	playing begins to emerge as well. He works his way from the high G note to	b) creative expression c) Developing musical theme
TD1:82	the lower notes, then from the A and down, and then from the B, and so on.	d) Building musical momentum e) high volume
TD1:83	In other words each phrase begins on successively higher notes.	



TD1:84	Soon after Lonwabo had begun, Tiago joined in with gentle accompanying	TD1:84-85 a) Supportive accompaniment
TD1:85	guitar complimenting the soloist. Though Rocco is the loudest, Tlago	
TD1:86	concentrates on what Lonwabo is doing, respecting the leader as he was	TD1:86-87 a) Giving others turns
TD1:87	(hopefully) respected to lead. Thukile does not join in, he looks interested but	TD1:87-89 a) Passive involvement
TD1:88	is still leaning on his knees. Every few seconds he swivels his head to look at	
TD1:89	Tiago on the guitar next to him. Douglas holds a tambourine in two hands,	TD1:89-90 a) Choice not to play
TD1:90	resting on the drum in front of him. Verbal interaction occurs between	
TD1:91	Lonwabo and Douglas during the music making. Douglas tums to Lonwabo,	TD1:91-92 a) Inter-personal communication
TD1:92	attempting to sing (converse?) with him. Douglas says/sings two indistinct	
TD1:93	words. Lonwabo looks up at him, first looks back at his Xylophone before	TD1:93-94 a) Dismissive response
TD1:94	shaking his head in the negative. Douglas keeps looking at Lonwabo for a	TD1:94-96 a) Retreating vitality affect
TD1:95	moment, then scratches his nose, and sinks deeper into his chair looking	
TD1:96	downwards. Nevertheless, after about 5 seconds, Douglas looks around the	TD1:96-97 a) Inwardness to outer expression
TD1:97	group and begins playing his tambourine. The quality of his playing subdued,	TD1:97-98 a) Restrained contribution b) Connection to
TD1:98	yet he is connected to the pulse. He gently taps the tambourine on the side of	pulse
TD1:99	the drum a few times, then shakes it in a roll, forming the pattern of his	
TD1:100	TD1:100 playing. Andrew sits looking down at his mbira, playing softly, and adding light TD1:100-101 a) Visually connecting with own instrument	TD1:100-101 a) Visually connecting with own instrument



TD1:101	TD1:101 mellow tones Andrew is playing to the same pulse of the group though	b) I ight fouch
TD1:102	deenly absorbed in his own instrument and looking down constantly. The MT	TD1-101-102 a) Personal snace within group h) Personally
TD4-103	reflects I onwaho	immerced vet misically connicant
TD 404	TD1.104 his left hand. The MT inins un with Porco in holding a phythmic	TD4:102:405 a) MT- Summerfive role
TD1:105	TD1:105 accompaniment by using his right hand to play the diembe.	
TD1:106	TD1:106 After some time, the quality of Lonwabo's playing begins to change. He	TD1:106-108 a) Rigid quality b) Gradual stiffening
TD1:107	TD1:107 begins to sound stuck playing the same thing over and over again. It is	c) Lack of variation
TD1:108	TD1:108 mildly perseverative. Rocco adjusts his	TD1:108-110 a) Fellow participant musically addressing
TD1:109	TD1:109 accompaniment to something more textured and varied, Lonwabo does not	perseveration b) Introducing variation/texture appropriately
TD1:110	TD1:110 appear to respond to this musical suggestion or variation. Rocco and	TD1:109-111 a) Unresponsive to musical suggestion
TD1:111	TD1:111 Lonwabo are however locked into the same tempo. Douglas plays the pulse	TD1:111-112 a) Towards perseverative quality
TD1:112	TD1:112 nonstop with little variation, with a consistently loud dynamic level. Lonwabo's	TD1:112-115 a) Narrowing melodic range b) Tired energy
TD1:113	TD1:113 melody goes through a transformation, and tiredly narrows down to become	
TD1:114	TD1:114 centred around one note, going up in pitch and back down to the same	
TD1:115	TD1:115 note. The range of his melodic playing is thus condensed. Douglas glances	TD1:115-116 a) Discomfort in music
TD1:116	at the MT, and then quickly down again.	



TD1:117	TD1:117 The MT invites Lonwabo to sing with his own playing, careful not to derail his	TD1:117-118 a) MT: Addressing lethargic energy
TD1:118	soloing, or of the 'backing band'. Lonwabo looks down and then sings a long	TD1:118-119 a) Tender quality immediate with singing
TD1:119	TD1:119 tentative gentle F note. The xylophone is in the key of C. The note gains in	b) Intimate quality
TD1:120	TD1:120 volume to a slight crescendo. He ends the sung phrase with a skipping	TD1:119-120 a) Burgeoning confidence
TD1:121	TD1:121 melodic turn introducing two more notes, G and D. The feeling of his singing	TD1:120-121 a) Lighter skipping quality vs Xylophone
TD1:122	TD1:122 is softer and more delicate than his playing. Lonwabo's improvised xylophone	TD1:122-123 a) Perseverative playing transformed by own
TD1:123	TD1:123 melody gains a softer malleable quality. After he has sung the first phrase, he	voice b) Delayed responsiveness (Rocco's intervention)
TD1:124	TD1:124 falls silent. The MT then mirrors his sung phrase and wait for a response.	
TD1:125	TD1:125 There is a kind of musical conversation developing between Lonwabo and the TD1:125-128 a) Inter-communicative music making	TD1:125-128 a) Inter-communicative music making
TD1:126	TD1:126 MT. After mirroring him a few times, the MT decides to join him in unison	
TD1:127	TD1:127 when he repeats a phrase. Lonwabo responds with energy, and a louder	TD1:127-128 a) Dynamic responsiveness
TD1:128	TD1:128 more dynamic vocal quality. The 'band' is playing with intent and sparkle. All	TD1:128-131 a) Group shared intent b) Participants
TD1:129	are playing now except for Thukile, who nevertheless seems to be invested in	create/change quality of music
TD1:130	TD1:130 the experience; he is still leaning forward on his knees and looking with	TD1:129-131 a) Participant invested, but inaudible b) Part
TD1:131	TD1:131 interest at the various performers.	of group musical performance, soundless
TD1:132	Because the MT is more honed in on Lonwabo's singing, the MT misses his	TD1:132-133 a) Participant dual musical roles (same
TD1:133	TD1:133 rhythmic change on the xylophone. Whilst the singing carries on similarly in a	singing/ changed playing)



TD1:134	TD1:134 kind free floating expression, Lonwabo's instrumental accompaniment on	TD1:133-135 a) Soloist initiates own music change b)
TD1:135	TD1:135 xylophone changes right down to a steady 115 bpm. Suddenly the MT stop	Agency in changing group's music direction
TD1:136	TD1:136 playing, because he realises the need to follow Lonwabo's direction. Rocco	TD1:136-138 a) Inter-personal responsiveness b)
TD1:137	TD1:137 on the drum catches Lonwabo's change on the Xylophone, without needing to	Participant sensitivity to musical change c) Accepting of
TD1:138	TD1:138 stop. Rocco, is the first to respond out of all of us, and we all follow suit. The	leadership e) Comfort in leading others
TD1:139	TD1:139 MT falls in again, playing There is a strong, assured quality to the music.	
TD1:140	TD1:140 The improvisation comes to a natural conclusion as Lonwabo slows the beat	TD1:139 a) Strong quality to music
TD1:141	even more to a stop, and relative silence falls in the room	TD1:140-141 a) Exercising leadership b) Musically
		congruous ending
TD1:142	TD1:142 After the MT thanks him, attention shifts to Rocco for his solo. There is a	TD1:142-144 a) Responsiveness to moment
TD1:143	TD1:143 second more of silence, and Rocco responds to the moment, playing a	
TD1:144	TD1:144 pianissimo tambourine roll. It appears he is very aware of musical contour,	TD1:144-145 a) Mood construction through music
TD1:145	TD1:145 colouring and aesthetics because it sounds like an introduction. There is	b) Concerned with aesthetics
TD1:146	anticipation and the tension of excitement. He has decided to take us in a new TD1:146-147 a) Assuming leadership role	TD1:146-147 a) Assuming leadership role
TD1:147	TD1:147 direction. His tambourine roll becomes more vigorous, his rapidly rotating	TD1:147-150 a) Building crescendo b) Creating
TD1:148	TD1:148 hand back and forth knocks the zils (metal jingles on the side) against each	atmosphere
TD1:149	TD1:149 other in increasing volume, creating a blanket of metallic shimmering,	
TD1:150	TD1:150 arrhythmic and intensely atmospheric. The brief pregnant silence (again) that	TD1:150-152 a) Participant dual music roles



TD1:151	TD1:151 follows is broken by Rocco simultaneously playing his diembe, and singing 'I	(playing/singing) b) Risk taking c) Affirmative lyrical content
TD1:152	TD1:152 love life, I love my life, I love life'. The quality of both playing and singing is	TD1:152-154 a) Self-confidence in creativity b) Unforced
TD1:153	TD1:153 gentle but assured, as Rocco looks up and ahead, though at no one in	delivery c) Looking up accompanies music solo
TD1:154	TD1:154 particular. Rocco's external affectation is blank. He had been staring	TD1:154-155 a) Blank affect to up c) Appears disconnected
TD1:155	TD1:155 downwards the entire activity, disconnected from a visual perspective. The	
TD1:156	TD1:156 playing and singing fit together cohesively through rhythmic similarity. His	TD1:155-156 a) Cohesiveness b) Rhythmically consistent
TD1:157	TD1:157 tempo is 84 bpm, and consistent. Each word is accented delicately on the	TD1:157-158 a) Delicacy, gentleness
TD1:158	TD1:158 drum, using the fingertips of one hand, and the tambourine in the other. The	
TD1:159	TD1:159 musical concept he introduces is clear. It is plain where it begins, and where it	
TD1:160	TD1:160 ends. There is a sense of the finality of a finished artwork. There is an ease to TD1:158-160 a) Clear concept b) Contoured music c)	TD1:158-160 a) Clear concept b) Contoured music c)
TD1:161	TD1:161 this musical piece, and the coherence comes from the soloist first. Rocco is	Finished art work
TD1:162	expressing a musical idea using three different musical instruments — voice,	TD1:161-165 a) Coherence b) Four concurrent
TD1:163	TD1:163 tambourine and drum. He is simultaneously producing added layers of lyrical	musical/mental/physical processes - melody and lyrics,
TD1:164	TD1:164 content and melodic contour, though again minus facial affectation. There are	djembe, tambourine
TD1:165	TD1:165 four identifiable musical processes	
TD1:166	The group responds enthusiastically and renews their musical involvement.	TD1:166 a) Soloist inspires group renewal b) Willingly
TD1:167	TD1:167 The idea is so coherent, it seems to be immediately identifiable and relatable	accept leadership



TD1:168	TD1:168 to the rest, and so we play together easily. A slower tempo often indicates a	TD1:167-168 a) Inter-relatedness in group music b) Ease of
TD1:169	TD1:169 more relaxed energy, however in this case it is incidental to the increased	playing together
TD1:170	TD1:170 energy levels in the room. Thukile asks for the guitar, and immediately begins	TD1:168-170 a) Increased energy, lower tempo
TD1:171	TD1:171 playing with the group for the first time. Andrew begins lifting both feet and	TD1:170-173 a) Silent participant drawn into group
TD1:172	TD1:172 bringing them down on the beat of the music, bobbing his head, playing his	expression b) Creative expression through movement
TD1:173	TD1:173 mbira more emphatically. Douglas plays his tambourine using the identical	c) Evident investment
TD1:174	TD1:174 beat template established by Rocco. The group begins to 'breath' the music	TD1:173-174 a) Attuning with soloist b) Accept leadership
TD1:175	TD1:175 together, there is a kind of cohesive mutual expression of music. It must be	TD1:174-175 a) Breathing quality b) Cohesive mutual
TD1:176	TD1:176 noted that this is sustained for a very short space of time — approximately	expression
TD1:177	TD1:177 ten-seconds.	TD1:175-177 a) Sustained fleetingly
TD1:178	TD1:178 This short period is brought to an end when Thukile begins to play the guitar	TD1:178-179 a) Dissonance b) Breaking rhythm
TD1:179	TD1:179 much more loudly and at odds with the established tempo and rhythm.	
TD1:180	TD1:180 Andrew tries to gain my attention, and annoyedly points out Thukile. The MT	TD1:180 a) Inter-personal annoyance
TD1:181	TD1:181 realises some balance must be restored. The MT requests that Thukile	
TD1:182	TD1:182 please wait as he has had his turn, or play a little bit quieter. The MT	
TD1:183	TD1:183 immediately shifts focus to Rocco and models clearly what the MT wishes	
TD1:184	TD1:184 from the group — to give Rocco our full attention in leading the music. The	TD1:184-186 a) Resilience - sustained interaction



TD1:185	TD1:185 music in the group continues for a short time, showing some inherent	
TD1:186	TD1:186 resilience and momentum. The MT suggests we all sing Rocco's short song	TD1:186-187 a) Reverting to leader
TD1:187	TD1:187 together. Rocco, Lonwabo, Douglas, Thukile, Andrew, and the MT sing. The	TD1:186-188 a) Group reflects an individual's creativity
TD1:188	TD1:188 singing grows in confidence with each passing phrase.	
TD1:189	TD1:189 Tiago picks up and plays the slide whistle, matching the cadences of the	TD1:189-190 a) Initiates instrument swop b) Retains
TD1:190	TD1:190 melodic material more or less. A few seconds later, Douglas also picks up a	musical connectedness
TD1:191	TD1:191 different slide whistle and begins to play. As Rocco's solo has developed into	TD1:190-191 a) Creative mirroring b) Following initiator
TD1:192	a group improvisation now, my attention is not on Rocco as a soloist, but on	TD1:192-193 a) Group improvisation b) No leader
TD1:193	TD1:193 our whole group improvisation. Tiago immediately puts his whistle down, very	TD1:193-194 a) Careful to respect instrument b) Irritation at
TD1:194	TD1:194 carefully and exactingly. He reaches out and removes the now free	being copied
TD1:195	TD1:195 tambourine resting on Douglas's drum. Tiago plays the tambourine in the	TD1:194-197 a) Patterned rhythm b) Complimentary to
TD1:196	traditional way, shaking the zils and striking the edge on his palm in a set	group music
TD1:197	pattern.	
TD1:198	TD1:198 In general there is a higher dynamic volume, and eager participation in this	TD1:198-199 a) Eager group participation
TD1:199	passage of the music. The round of soloists is over, each has had a turn. The	TD1:199 a) Continuation of group music beyond activity
TD1:200	TD1:200 MT offers Tiago a chance to play for the group on guitar. Tiago refuses. The	

TD1:201	TD1:201 MT offers Thukile a chance to play the guitar, and he does so. Thukile ends	TD1:201-202 a) Vigorous participant engagement
TD1:202	TD1:202 the activity by performing a vigorous piece. Though he does not have any	TD1:202-204 a) Rhythmic cohesion b) Conviction in
TD1:203	TD1:203 training (not one chord learned before) he attacks the strings with conviction, performance c) Active agency	performance c) Active agency
TD1:204	TD1:204 and produces rhythmic cohesion from the word go. From one participant's	TD1:204-206 a) Participant initiated (future) group activity
TD1:205	TD1:205 interruption, came a change to the therapeutic landscape and a source for	
TD1:206	TD1:206 future activity.	
	END	



Appendix O: Thick description two, with coding Date: Wednesday 29 April 2016. Total minutes: 70

Occurs between 55'44" and 60'51"

LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:1	Samual is about to take his place on the throne but is still seated, hunched	TD2:1-3 a) languorous playing b) hunched over
TD2:2	over with his elbows on his knees. His shaker is loosely in his hand while he	
TD2:3	languorously plays it by intermittently rolling his wrist. He is the second person	
TD2:4	to take the throne since the activity began. Andrew has just played his solo	TD2:4-6 a) Ends Resignedly b) Abrupt active to passive
TD2:5	and remains in the drum throne seat, quickly folding his hands and sitting	
TD2:6	resignedly back on the chair . Andrew begins to cough continuously as he	TD2:6-7 a) Nonchalant acknowledgement
TD2:7	nods nonchalantly at my thank you. Samual is still giving his shaker the odd	TD2:7-8 a) Intermittent playing b) Assertive communication
TD2:8	jiggle, as Thukile, sitting next to him, communicates assertively with Andrew.	TD2:8-10 a) Emphatic gesturing b) Non-verbal
TD2:9	Thukile is pointing and gesturing at Andrew emphatically, saying he must take	communication
TD2:10	the next seat on. Just before the above exchange, Samual is looking	TD2:10-12 a) Head bowed b) Expectant of reprimand
TD2:11	downward, his head bowed and shoulders hunched as if expecting reprimand.	c) Shoulders hunched d) Contracted bearing
TD2:12	He continues resting his elbows on his knees. Thukile takes on a leadership	TD2:12-13 a) Initiates leadership b) Surly presentation
TD2:13	role and his presentation is firm but somewhat abrupt, almost surly. It is a	TD2:13-14 a) Commanding others
TD2:14	command, replete with pointing. Andrew, still coughing, reacts cooperatively,	TD2:14-15 b) Compliance to fellow participant
TD2:15	and complies by immediately vacating his seat. Andrew moves to sit down in	
TD2:16	the empty seat to the right of the drum throne. Thukile now turns his attention	TD2:16-17 a) Instructing others
TD2:17	to instructing Samual where to sit.	

LINE NO	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:18	The MT realises Thukile is introducing an alternative operational system to	TD2:18-19 a) MT: alternative system
TD2:19	carry out the activity, at odds with his own. As such Thukile's commands seem	TD2:19-20 a) Participant suggested efficiency
TD2:20	directed to the efficiency of carrying out the activity. His design requires that	TD2:20-23 a) Participant designs activity b) Some
TD2:21	each participant stand up and move to the next available seat on their right, at	conceptualisation c) Non-concrete ideation
TD2:22	the beginning of each solo. This would of course also necessitate the entire	
TD2:23	group standing and moving one seat to the right.	
TD2:24	It takes a second for Thukile's intention to penetrate, and the MT principally	TD2:24-25 a) MT: Realises potential conflict
TD2:25	undertook to prevent Thukile from possibly appropriating the therapeutic	c) Participant intention
TD2:26	space. The MT was quick, perhaps too quick, to say 'No, no, hold on Thukile,	TD2:26-28 a) MT: Quick to react b) MT: Secure therapeutic
TD2:27	let's allow each guy to' The MT trails off, maybe the therapeutic space is not	space c) MT: Reactivity trails off
TD2:28	in jeopardy. Thukile is busy directing Samual to take the throne seat. Thukile	TD2:28-32
TD2:29	uses his hand to make adamant nudging contact with Samual in the rib area,	b) Pointing commands
TD2:30	and points to the drum seat. Thukile does all of this whilst grunting a one	
TD2:31	syllable word (indecipherable). Samual springs up, seeming to understand and	
TD2:32	obey Thukile at once. As the MT's interjection (above) occurs, with the MT	TD2:32-34 a) Fatuous response b) Awkward laugh



LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:33	saying 'No', Samual laughs fatuously, and embarrassedly, and he plonks	c) quickly sits
TD2:34	himself back down quickly. The MT pauses and 'umms' pensively then says,	TD2:34-35 a) MT: Purposefully thoughtful b) Communicates
TD2:35	'Ok, ja let's do that'. The MT begins to relay how it will work to the participants.	new direction
TD2:36	Samual looks confused sporting a slight puzzled smile, but immediately	TD2:35-37 a) Confused about explanation b) Gentle
TD2:37	Thukile more gently takes his elbow and directs him to the seat. In response	assistance to participant c) Participant lead direction
TD2:38	Samual springs up to take his seat at the drum throne, though maintains an	TD2:37-38 a) Springs up in response b) Uncertain
TD2:39	uncertain demeanour. Thukile immediately moves to sit in the chair that	demeanour
TD2:40	Samual was occupying, and leans forward markedly watching Samual with an	TD2:39-40 a) Marked attentiveness.
TD2:41	unwavering eye. As Samual stands up he attempts to hand his shaker to	TD2:40-41 a) Initiating interaction b) No response
TD2:42	Thukile, but there is no response. As Samual sits down he again moves the	TD2:42-44 b) Plain but silent communication c) Rejected
TD2:43	shaker towards Thukile, clearly but silently he is communicating that Thukile	'waved away'
TD2:44	should take it. Samual's hand is waved away. Samual mechanically offers	
TD2:45	Thukile the shaker for a third time, but is ignored as he redirects the	TD2:44-45 a) Mechanised quality
TD2:46	movement in order to place the shaker on the ground next to him. Samual	
TD2:47	slightly adjusts the position of the drums around him, finding a more solid	TD2:46-47 a) Purposeful environmental adjustment
TD2:48	footing. He starts playing on the farthest most drum on his right hand side,	TD2:48-49 a) Turning away b) Breaking adjacency
TD2:49	turning away from Thukile (who is sitting on his immediate left). Thukile	TD2:49-50 a) Looking intently at soloist



LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:50	is still looking intently at the soloist, expression unchanged. During the	
TD2:51	interactions described between the MT, Thukile and Samual, Tiago looks on	TD2:50-52 a) Playing halted b) Interactional observance
TD2:52	and stops playing the xylophone. He terminates his playing as soon as Samual	
TD2:53	takes his seat. Tiago smiles unreservedly to himself, glancing at his xylophone, TD2:53-54 a) Smiling at self b) Inwardly directed	TD2:53-54 a) Smiling at self b) Inwardly directed
TD2:54	and rubs his ear. He looks up, then down, then up again with an incredulous	
TD2:55	expression, opening his eyes wider. He is watching and reacting to the drama	TD2:54-56 a) Incredulous expression b) Wider eyes
TD2:56	of Samual taking his seat. He concludes with shaking his head slightly, looking d) Drama - reacting	d) Drama - reacting
TD2:57	downwards, and laughing to himself. As Samual begins to play his drum solo,	TD2:56-58 a) Somatically carried meaning
TD2:58	Tiago looks up at him.	b) Smiling <> laughter c) Attention to soloist
TD2:59	Samual begins playing with a solid and confident stroke. He is looking at his	TD2:59 a) Solid confident stroke
TD2:60	hands, and there is a sense of focus and concentration to his movement. He	TD2:60 a) Focused movement b) Concentration
TD2:61	strikes exactly on beats one, two and three, with the fourth being silent. There	TD2:60-63 a) Steady drum tempo b) Patterned repetition
TD2:62	are four beats to the bar. His pulse is steady and solid. The tempo is moderate	
TD2:63	at 110 bpm. He plays the set one bar pattern leading with his right hand, and	TD2:63-65 a) Plays each instrument b) Flexibility drum
TD2:64	repeating the pattern two or three times on the same drum. He then moves to	choice c) Verbatim sequence
TD2:65	the next drum and plays the same sequence verbatim. There is a predictability	sequence verbatim. There is a predictability TD2:65-67 a) Predictable b) Organised c) Certitude



LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:66	and organisation to the sequence. He continues to play with conviction, the	d) Increasing volume
TD2:67	volume increasing to forte (a higher dynamic level). The MT joins in reflecting	TD2:67-68 a) MT: Reflects foundation b) Initiative
TD2:68	the solid foundation rhythm. The MT intuitively encourages the others to join in	encouragement
TD2:69	with Samual. Thukile was still looking intently at Samual, and reluctantly	TD2:69 a) Reluctant involvement
TD2:70	dragged his eyes away after the MT said'Come on let's all play with	TD2:70-71 a) MT: Encourages participation with soloist
TD2:71	Samual. Thukile at first plays his small hand-held mbira by slapping the	
TD2:72	rounded seed-pod body enclosure a few times, mirroring Samual's beat	TD2:72-73 a) Exact mirroring
TD2:73	exactly (same rhythm, same tempo, and same pattern). He stops, looks at me, TD2:73-75 a) Repositions instrument	TD2:73-75 a) Repositions instrument
TD2:74	scratches his cheek and repositions the mbira. He now plays the mbira with his	
TD2:75	right thumb, cradling it with his left hand. Thukile looks from the MT to his	TD2:75-78 a) MT: Keeping attention on soloist b) Modelling
TD2:76	mbira. The MT notices Thukile's glance peripherally but the MT is looking, and	desired behaviour
TD2:77	playing, with manifest attention on Samual. The MT is modelling the behaviour	
TD2:78	the MT wishes for the group. Thukile looks back at the MT with uncertainty,	
TD2:79	glances at Samual before looking at his instrument. Thukile repeats this again,	at his instrument. Thukile repeats this again, TD2:79-80 a) Searching, unsure quality b) Face carries
TD2:80	from the MT to Samual to his own instrument. Thukile has a quizzical look, and expressive content	expressive content
TD2:81	his expression denotes a searching quality. Thukile then plays for a more	
TD2:82	extended time looking at his mbira, for around eight bars of music. There is	TD2:81-83 a) Extended playing b) Lip movement, inaudible



LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:83	also some lip movement, perhaps softly talking or singing to himself. When	
TD2:84	Thukile eventually looks up, he seems unfocused for a moment, and turns	TD2:83-90 a) Unfocussed eyes after playing b) Looks at
TD2:85	slightly to look at Samual's face (not the drums he is playing). After Thukile	soloist c) Attention from self to soloist (repeated) d) Playing
TD2:86	plays some more for a short while, Thukile looks up again, straight to Samual,	broken by looking
TD2:87	eyes flitting over the man and the instrument, in that order. Another short spell	
TD2:88	of playing and he looks at Samual. But this time he stays looking at Samual,	TD2:88-90 a) Playing withstands looking
TD2:89	while both continue playing. Thukile remains looking up, mainly at Samual,	
TD2:90	until the end of the solo where we all sing Shosholoza together.	TD2:89-90 a) Extended attention on soloist b) group singing
TD2:91	As Samual starts his solo Douglas stares ahead blankly, tambourine	TD2:91-93 a) Blank stare b) Dissociative quality
TD2:92	motionless in both hands, on his lap. Every so often takes a deeper breath,	c) Episodic heavy exhale d) Slumping down
TD2:93	lifting his shoulders slightly, then slumps down again exhaling heavily. The MT	
TD2:94	reflects Samual's steady and purposeful beat, using the heel of my hand on	TD2:93-96 a) MT: Guitar as drum b) Animato c) Modelling
TD2:95	the sound box. The MT is playing fortissimo and animatedly, integrant to the	d) Reflecting soloist
TD2:96	modelling. Douglas looks up sedately, his eyes are unfocused. He looks	TD2:96-97 a) Sedate, unfocussed b) Ponderous
TD2:97	around ponderously and his eyes rest on the guitar The MT is holding. He	surveyance
TD2:98	keeps his eyes trained on the MT's guitar for a short time. Douglas looks back	TD2:98-101 a) Trained on MT's guitar b) Towards

st, a slightly more lively presence. Douglas is st, a slightly more lively presence. Douglas is at the guitar again, and his eyes return to irrn to staring blankly ahead at this time. The tambourine is held in the gap created by night to the ground, and sits below the level lick down on the drum, and he is clearly ern itself competently. However he seems to be begins the pattern along the words he is not responding, in a ne pulse. The pulse is steady (as created habo is not. Lonwabo is mostly behind the seem to be listening though, because he is every so often. It is accurate to say that for conwabo plays one of these notes 'on target'.			
TD2:101 still motionless otherwise. He looks at the guitar again, and his eyes return to Soloist e) M TD2:101 Samual's drums. He does not return to staring blankly ahead at this time. TD2:102 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:102-10 TD2:102 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:103-10 TD2:104 Lonwabo's open legs. It is at an angle to the ground, and sits below the level TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:106 a audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106 a) TD2:107 constantly have to adjust where he begins the pattern along the TD2:106 and the manner at least, to the pulse. The pulse is steady (as created TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 readjusts his pattern to fit Samual's every so offen. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes on target: TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes on target:	LINE NO.		CODES
TD2:100 still motionless otherwise. He looks at the guitar again, and his eyes return to Soloist e) M TD2:101 Samual's drums. He does not return to staring blankly ahead at this time. TD2:102 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:102-102 TD2:103 drifting in and out of the tempo. The tambourine is held in the gap created by TD2:103-10 TD2:104 Lonwabo's open legs. It is at an angle to the ground, and sits below the level TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:105 a) TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:105-10 TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106-11 TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:106-11 TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110-11 pulse, to varying degrees. He does seem to be listening though, because he revealed thin TD2:112-11 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:99	to the group, and then at the soloist, a slightly more lively presence. Douglas is	associative state d) Looking at
TD2:101 Samual's drums. He does not return to staring blankly ahead at this time. TD2:102 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:102-10 TD2:103 drifting in and out of the tempo. The tambourine is held in the gap created by TD2:103-10 TD2:104 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:103-10 TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:105-10 TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106-11 TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:108 tempo-specified timeline. In other words he is not responding, in a C) Intermitter TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110-11 TD2:110 and maintained by Samual). Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thin TD2:1112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:100		Soloist e) Maintains 'present' quality
TD2:102 Lonwabo looks towards Samual, and plays his tambourine with his forefinger, TD2:102-10 TD2:103 drifting in and out of the tempo. The tambourine is held in the gap created by TD2:103-10 TD2:104 Lonwabo's open legs. It is at an angle to the ground, and sits below the level TD2:105-10 TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:106-10 TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106-11 TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:108 tempo-specified timeline. In other words he is not responding, in a TD2:10-11 TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thn TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target: TD2:112-11 D2:113 D2:114 D2:114 D2:115 D2:	TD2:101	Samual's drums. He does not return to staring blankly ahead at this time.	
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TD2:104 Lonwabo's open legs. It is at an angle to the ground, and sits below the level TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:105-10 TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106 a) TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:108 tempo-specified timeline. In other words he is not responding, in a conventional manner at least, to the pulse. The pulse is steady (as created TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:103	drifting in and out of the tempo. Th	TD2:103-105 a) Tambourine below knees
TD2:105 of his knees. He uses his wrist to flick down on the drum, and he is clearly TD2:105-10 TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106 a) TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:108 tempo-specified timeline. In other words he is not responding, in a conventional manner at least, to the pulse. The pulse is steady (as created TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:104	Lonwabo's open legs. It is at an angle to the ground, and sits below the level	
TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106 audible. Lonwabo follows the pattern itself competently. However he seems to TD2:106-11 TD2:107 constantly have to adjust where he begins the pattern along the TD2:106-11 TD2:108 tempo-specified timeline. In other words he is not responding, in a conventional manner at least, to the pulse. The pulse is steady (as created and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thraction and maintained by Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:105	of his knees. He uses his wrist to f	TD2:105-106 a) Flicks wrist b) Clearly audible in group
TD2:107 constantly have to adjust where he begins the pattern along the TD2:108 tempo-specified timeline. In other words he is not responding, in a conventional manner at least, to the pulse. The pulse is steady (as created TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 avery three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:106	audible. Lonwabo follows the pattern itself competently. However he seems to	TD2:106 a) Following soloist b) Accepting leadership
TD2:108 tempo-specified timeline. In other words he is not responding, in a TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:107	constantly have to adjust where he begins the pattern along the	TD2:106-111 a) Constantly adjusting b) Suggests flexibility
TD2:109 conventional manner at least, to the pulse. The pulse is steady (as created TD2:110-11 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 avery three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:108		c) Intermittent connection to pulse
TD2:110 and maintained by Samual), Lonwabo is not. Lonwabo is mostly behind the TD2:110-11 TD2:111 pulse, to varying degrees. He does seem to be listening though, because he revealed thr TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:109	conventional manner at least, to the	
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TD2:112 readjusts his pattern to fit Samual's every so often. It is accurate to say that for TD2:112-11 TD2:113 every three of Samual's strokes, Lonwabo plays one of these notes 'on target'.	TD2:111		revealed through adjustment c) Following soloist
onwabo plays one of these notes 'on target'.	TD2:112	readjusts his pattern to fit Samual's every so often. It is accurate to say that for	TD2:112-113 a) 1 in 3 rhythmic
the set or less to realise	TD2:113	every three of Samual's strokes,	
מוכ פכן במופל, זוכ פכלוופ וכן כמופל,	TD2:114	TD2:114 As soon as he drifts too far out of the set pulse, he seems to realise,	TD2:114-115 a) Constant reassessment



LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:115	TD2:115 reassesses Samual's playing, and adjusts accordingly. Each correction to his	TD2:115-118 a) Corrections inferenced somatically
TD2:116	musical output, is accompanied by glances to Samual just before the	c) Blank affect d) Visually and aurally stimulated
TD2:117	TD2:117 correction takes place. The glances do not convey any thought or emotion. It	
TD2:118	TD2:118 would appear he is taking in visual as well as aural information.	
TD2:119	TD2:119 Larry plays his shaker supportively, not looking at Samual. He seems to be	TD2:119-120 a) Supportive playing b) Concentration on self
TD2:120	TD2:120 concentrating on his own musical contribution. He is clearly playing and	TD2:120-121 a) Playing to soloist b) Improvising with soloist
TD2:121	TD2:121 improvising on the pulse as dictated by Samual. Tiago alertly waits for four	TD2:121-124 a) Waiting alertly b) Musically befitting entry
TD2:122	patterns to complete before he plays his xylophone. He is looking at Samual	c) Nodding to pulse
TD2:123	and slightly nodding his head to the pulse. However the xylophone at first	
TD2:124	seems to be played in a fairly random rhythm, and perhaps not in the same	
TD2:125	TD2:125 pulse. Tiago is playing a free-flowing melody in a rubato style, and	TD2:125-126 a) Free-flowing melody b) Rubato phrasing
TD2:126	TD2:126 superimposing it on Samual's steady beat. A discernible pattern emerges; he	c) Superimposed on soloist's music
TD2:127	TD2:127 relates xylophone pitches to the drum hits, though he continues to 'ignore' the	TD2:126-131 a) Discernable pattern b) Thematically related
TD2:128	TD2:128 timing. In other words his xylophone music reflects the drum pattern, but not	c) Not pulse related d) Relationship of three's
TD2:129	TD2:129 the drum pulse. If the drums are hit three times per phrase, similarly the	e) Stretched out phrasing
TD2:130	TD2:130 xylophone plays phrases grouped into three, but with rubato phrasing. The	

LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:131	TD2:131 xylophone phrases are stretched out over the timeline	
TD2:132	TD2:132 Gradually during Samual's solo, he introduces a reverse-flam on each stroke,	TD2:132-135 a) Introduces variation b) Expressive
TD2:133	played by his hitherto unused left hand. A flam is a stroke preceded by a	elaboration
TD2:134	grace (an embellishment) note — but Samual was playing the reverse of this,	
TD2:135	a softer grace note just before the main stroke. The reverse-flam seems to	TD2:135-140 a) Gradual development b) Incorporates into
TD2:136	come about naturally because Samual is moving his left hand from the	whole c) Natural process
TD2:137	beginning, but only gradually starts making more and more contact with the	
TD2:138	actual drum skin. The left and right hands are moving up and down together.	
TD2:139	As the reverse-flam gains consistency, Samual continues using it as an	
TD2:140	TD2:140 incorporated whole in his rhythmic expression.	
TD2:141	TD2:141 As the instruments start falling quiet, the MT begins singing the opening of the	
TD2:142	TD2:142 familiar group song, Shosholoza, for this activity. The MT plays the chords of	b) MT: Senses favourable moment
TD2:143	TD2:143 the song using the same rhythmic motif that Samual established, attempting to TD2:142-144 a) MT: Rhythmic continuity b) Carries motif	TD2:142-144 a) MT: Rhythmic continuity b) Carries motif
TD2:144	provide some musical continuity and to maintain flow. Samual gets up of his	from soloist c) Maintain flow
TD2:145	TD2:145 own volition and makes way for the next soloist - Thukile. The song lifts the	TD2:144-145 a) Participant initiates move



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TD2:146	energy, and there is some more vigorous as playing along as well as some	TD2:145-147 a) Group song vigorous b) Shifting energy
TD2:147	languid singing along. Thukile sits down on the throne during the song and	
TD2:148	plays with the song. He is leaning on one elbow, and the other hand is playing	
TD2:149	the drum. Only his fingertips are extended to make contact with the drum skin.	TD2:149-150 a) Fingertips only
TD2:150	After two verses the MT stops, and by this time there is a slightly enhanced	TD2:150-151 a) MT: Ends group song b) Liveliness
TD2:151	sense of activity: Larry adjusts his seat energetically, Andrew ends with a small	TD2:151-154 a) Signs of busyness b) Group active
TD2:152	TD2:152 tambourine flourish, Tiago tightens the heads of his mallets eagerly, Lonwabo	
TD2:153	TD2:153 had played in double-time, Samual had taken his seat, and only Douglas	
TD2:154	TD2:154 remained impassive. The MT slows the song to a complete stop in order to	TD2:144-156 a) MT: Facilitates pausing, space b) Strategic
TD2:155	TD2:155 create a silent opening for the next soloist, and to avoid having all the solos in	silence breaks tempo
TD2:156	TD2:156 the same tempo and feel of the song.	
TD2:157	TD2:157 Thukile stops playing with the ending song. Now he starts a slow new rhythm	TD2:157-158 a) Slow sombre feel
TD2:158	TD2:158 that feels almost funereal. Thukile's head is at an odd angle, looking down to	
TD2:159	TD2:159 the side as he leans over the drums, on one elbow. The free hand is in a	TD2:159-160 a) 'Clawing' strike
TD2:160	TD2:160 striking claw' position, and he plays the drums with his fingernail tips. The	TD2:160-161 a) Ballade
TD2:161	TD2:161 tempo is a slow ballade at about 64 bpm. There is a steady quality to the	TD2:161-162 a) Steady quality b) Predictable rhythmic feel

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TD2:162	pulse; there is no unpredictability in terms of feeling the beat. Thukile holds	TD2:162-163 a) Holds tempo
TD2:163	the tempo solidly. Soon Thukile rights his back slightly, and changes his head	TD2:163-164 a) Soloist more upright
TD2:164	position to more upright. He begins experimenting around the drums at his	TD2:164-165 a) Experimentation in solo
TD2:165	disposal, sometimes taking minute pauses before striking. it looks like he is	b) Creating musical pauses
TD2:166	scanning the drum set, and almost instantaneously striking one of the drums	TD2:165-166 a) Instrument choice b) Rapid decision making
TD2:167	TD2:167 The small pauses do not affect the tempo. He adds syncopation, and plays	TD2:167 a) Tempo with pauses
TD2:168	TD2:168 more freely over the drums, similarly to how one might imagine a regular or	TD2:168-170 a) Syncopation b) Freed playing
TD2:169	TD2:169 professional drum solo performance. He roves over the drum surfaces,	c) Reminiscent of professional e) Focussed
TD2:170	TD2:170 completely focused on his solo, looking at his hands. The tempo begins to rise	on self
TD2:171	slightly, but there is still a steady feel. The 'melody' he is playing is similar in	TD2:170-172 a) Tempo increase b) Drums melodic
TD2:172	TD2:172 form to Tiago's xylophone melody of the previous solo. Tiago played in groups	c) Thematic similarities
TD2:173	TD2:173 of three, and used the formula: one note lower (like C), the next two notes	TD2:172-174 a) '3' group theme (previous)
TD2:174	TD2:174 higher (such as D, and D again). Thukile also reflects this grouping clearly,	b) C-D-D notes formula (previous solo)
TD2:175	albeit amongst more complex syncopated embellishments and thematic	TD2:174-177 a) '3' group theme (current)
TD2:176	TD2:176 developments. He reflects this shared formula by striking a low pitched drum	b) Embellishes theme c) Complex syncopation
TD2:177	TD2:177 once, and a higher pitched smaller drum twice. There is similar thematic	d) Shares formula (C-D-D)

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TD2:178	TD2:178 musical material recognisable going from Samual, to Tiago, and now	TD2:177-179 a) Theme carried through 3 participants
TD2:179	Thukile. Thukile continues to play the drums with his hand in a claw position,	TD2:179-182 a) Fingertips flam b) Curled fingers
TD2:180	striking the drums with the very tips of his fingers and or fingernails. The fact	
TD2:181	that each finger is slightly different in length, and the way Thukile curls his	
TD2:182	TD2:182 fingers, makes each hit a kind of flam. There is a short drum-role of about four	TD2:182-185 a) Drum-roll effect b) Arresting texturally
TD2:183	TD2:183 different notes (one for each finger) very close together. It creates an arresting	c) Floppy or fuzzy sound
TD2:184	TD2:184 textural effect, where there is no doubt of where the pulse sits, but the actual	
TD2:185	TD2:185 musical delivery of said pulse sounds 'floppy' or 'fuzzy'. His posture is also	
TD2:186	TD2:186 interesting, still crouching over the drums, resting his elbows on his knee	
TD2:187	TD2:187 where possible, his head often turned sideways.	
TD2:188	TD2:188 Thukile's rhythm begins to change, introducing ever more syncopation and	TD2:182-185 a) Unpredictable but steady
TD2:189	TD2:189 unpredictability to his steady reliable pulse. Thukile speeds up the tempo	TD2:189-191 a) Tempo increase b) Experiments then
TD2:190	again, and after some experimentation with finding his desired pattern, arrives	settles
TD2:191	at a finished product, so to speak. He retains the rhythmic 'pocket' of this new	TD2:191-192 a) In 'pocket'
TD2:192	TD2:192 repeated pattern and sticks to it. The tempo is now 109 bpm. The MT is not	TD2:191-195 a) MT: Supporting expression b) MT notes:
TD2:193	TD2:193 providing any rhythmic facilitation for Thukile at this moment, the MT simply	Soloist holding pulse c) MT. Direction from leader

LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:194	supports the participant's expression. The MT has nothing to do with holding	
TD2:195	tempos - The MT is taking direction from the group leader on the drum throne.	
TD2:196	TD2:196 The MT supports Thukile's new tempo with an improvised chord sequence	TD2:196-197 a) MT: Correlates feel
TD2:197	TD2:197 played in a rhythm closely related to the feel of the drum groove. There is a	
TD2:198	TD2:198 developing collective support of his beat growing. Lonwabo decides to swop	TD2:197-198 a) Collective supportive
TD2:199	TD2:199 his Tambourine for a shaker, and takes to playing it with renewed vitality, along	takes to playing it with renewed vitality, along TD2:198-200 a) Initiates instrument swop b) Renewed
TD2:200	TD2:200 with the drum groove. Andrew changes his style of playing the bell-shaker, and vitality c) Synched with soloist	vitality c) Synched with soloist
TD2:201	TD2:201 brings in the use of his other hand. He creates a more bouncing	TD2:200-202 a) Changes style b) Expressive elaboration
TD2:202	TD2:202 accompaniment to the previous tempo. Tiago looks on, watching Thukile.	c) Observing soloist
TD2:203	TD2:203 The music is directed by Thukile into yet new territory. Keeping the pattern	TD2:203-204 a) Directs through music b) New territory
TD2:204	TD2:204 confidently repeating on the drums, he begins to sing short phrases in kind of	c) Soloist adds singing d) Confident drumming e) Chanting
TD2:205	TD2:205 chant. He looks up when he sings, eyes partially closed. It is tuneful singing,	TD2:205-206 a) Looks up b) Tuneful, gruff singing
TD2:206	TD2:206 made gruff in the style of vocal delivery. The MT is playing short chord 'chops'	TD2:206-209 a) MT: 'chopping' chords b) MT: Synchronous
TD2:207	TD2:207 on the guitar, in close synchrony with the drum pattern. The MT plays almost	with soloist c) MT: Harmonic richness
TD2:208	TD2:208 the identical rhythm to the drum solo, but the guitar chords are not only	

LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:209	TD2:209 rhythmic - they also add a cycle of harmony. Andrew is nodding his head to	TD2:209-212 a) Nodding to music b) Group synchrony (brief
TD2:210	the music. Thukile sings his chant phrases, closely fitting his drum pattern. For c) Chanting and drumming	c) Chanting and drumming
TD2:211	a brief few seconds, the group is playing at the same time, while Thukile is	
TD2:212	singing. Thukile decides to end the solo with a sudden stop, right at the end of	
TD2:213	TD2:213 his phrase. He comes to the end of his singing phrase, simultaneously with a	TD2:213-214 a) Initiates stop b) Ending after phrase
TD2:214	TD2:214 drum hit, and gets up to sit down.	
TD2:215	TD2:215 Next up is Tiago. At first his playing is very evocative of an orthodox drum solo TD2:215-217 a) 'Mainstream' drum solo b) Utilises full kit	TD2:215-217 a) 'Mainstream' drum solo b) Utilises full kit
TD2:216	TD2:216 style. He plays all the drums in quick succession, and is freely moving from	d) No pattern
TD2:217	TD2:217 one to the other with no noticeable pattern. His hands blur in motion as he	TD2:217-219 a) Rapid b) Hand independence
TD2:218	TD2:218 plays fast rolls. He seemed to have facility to use both hands in relative	
TD2:219	TD2:219 independence. As soon as Tiago had started, Andrew raised his bell-shaker	TD2:219-220 a) Participant interest b) Playing initiative
TD2:220	and played while looking interestedly at Tiago. Tiago's drum tone is fresh and	TD2:220-222 a) Fresh, bouncy tone b) Snappy wrists
TD2:221	TD2:221 bouncy. He has a way of playing the drums that look as if his hands are	
TD2:222	snapping back into place after a hit. His solo is listened to quite attentively by	TD2:220-222 a) Holds group interest
TD2:223	TD2:223 the group, but there is little room for playing together. Suddenly Tiago plays a	TD2:223-226 a) Plays quick pulse
TD2:224	TD2:224 fast steady beat, at 211 bpm. Just as heads begin to bop, and instruments	

LINE NO.	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:225	TD2:225 begin to play 20 seconds later it is over. Tiago looked genuinely happy when	į
TD2:226	TD2:226 he ended, with a broad smile. Tiago usually has a default stern, detached look.	
TD2:227	TD2:227 Larry sat down and immediately began playing a cohesive groove over two	TD2:227-228 a) Immediate solo b) Cohesive groove
TD2:228	drums, sounding to me like hip-hop. Both of his hands played, each hand	c) Hiphop genre d) Both hands engaged differently
TD2:229	doing different things. The tempo is 105 bpm. The MT finds a simple riff on	TD2:229-230 a) MT: Simple accompaniment b) MT: Riffing
TD2:230	guitar to accompany the feel. Others begin to play along tentatively but	TD2:230-231 a) Tentative group playing b) Uninvited
TD2:231	TD2:231 without invitation. Tiago plays a simple two note refrain, always looking	TD2:230-233 a) Simple refrain b) Visual cues
TD2:232	TD2:232 intently at the soloist. It appears as if he was taking cues on what to play from	
TD2:233	TD2:233 the soloist. Lonwabo also plays along, but in a perfunctory manner, looking	TD2:233-234 a) Perfunctory manner b) Staring out window
TD2:234	decidedly uninterested, staring out the window for the duration. Andrew is	TD2:234-236 a) Nods to beat b) Inventive accompaniment
TD2:235	TD2:235 nodding his head and playing an inventive rhythmic accompaniment with the	c) Pulse with upbeat
TD2:236	TD2:236 shaker - keeping the pulse and adding an upbeat. Samual is playing his	TD2:236-238 a) Gentle playing b) Looking at soloist
TD2:237	TD2:237 three-headed shaker in a gentle quiet way, similarly looking intently at Larry.	
TD2:238	TD2:238 Thukile and Douglas sit watching Larry.	TD2:238 a) Looking at soloist
TD2:239	TD2:239 Larry maintains an impassive expression at first. Larry approaches his music	TD2:239-242 a) Impassive affect b) Music making relaxed

LINE NO	THICK DESCRIPTION TWO TRANSCRIPT	CODES
TD2:240	TD2:240 making in a very relaxed manner, in fact his demeanour seems disengaged, or	In fact his demeanour seems disengaged, or c) Disengaged visually d) Precise playing e) Precise
TD2:241	TD2:241 uninvested — yet what he plays is carefully constructed and executed	execution f) Full solo kit
TD2:242	precisely over all the drums at his disposal. His drum pattern suggests a	TD2:242-243 a) Preconceived pattern
TD2:243	pre-conceived idea. As my guitar riff gains a set pattern and feels more solid,	TD2:242-243 a) MT: Riff determined b) Soloist eyes guitar
TD2:244	TD2:244 Larry looks at the guitar itself. There is no discernible expression on his face.	TD2:244 a) Blank affect
TD2:245	TD2:245 Lonwabo begins to play his shaker in a louder and more rhythmically assured	TD2:245-246 a) Louder shaker b) Assured manner c)
TD2:246	TD2:246 manner, changing the sonic landscape in a subtle but definite way. Larry again Alters sonic landscape	Alters sonic landscape
TD2:247	TD2:247 looks up at the shaker itself, and strikes one louder stroke, as if in	TD2:246-247 a) Soloist encourages participant (musicaslly)
TD2:248	TD2:248 encouragement. Larry moves his head and shoulders ever so slightly, as if	TD2:248-249 a) Movement to music b) Soloist 'moved'
TD2:249	TD2:249 the music is beginning to move him. Anthony begins to sing a repeated soft	TD2:249-251 a) Participant spontaneous singing b) Group
TD2:250	TD2:250 refrain, growing into a vocal accompaniment that is appropriate to the group	agency
TD2:251	music, as well as the soloist.	
	END	



Appendix P: Thick description three, with coding Date: Friday 6th April 2016. Total minutes: 75

Occurs between 5 30'57" and 36'02"

LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:1	This is the last session of the study. The day is characterised by participants	TD3:1-2 a) Letting go b) More freedom c) Self-expression
TD3:2	letting go and finding a way to express themselves more freely through music.	
TD3:3	We are singing a song together, written by the group and based on the melody TD3:3-4 a) Group written song	TD3:3-4 a) Group written song
TD3:4	of 'a wonderful world'. The song had been sung in its original form first, and	
TD3:5	had been requested by the group near the beginning of the research program.	TD3:5-6 a) Group agreed on song b) Advanced over
TD3:6	The idea was that the group uses the song as a basis to explore topics and	sessions
TD3:7	feelings of importance to each member. The MT had previously facilitated a	TD3:6-7 a) Song as vehicle
TD3:8	process where each participant wrote a poem about some things that may be	TD3:7-10 a) MT: Wide scope emotionally
TD3:9	emotionally comforting, and later add to the poem describing upsetting, angry	
TD3:10	or frustrating things. The most important thing, the MT had stressed, was that	TD3:10-11 a) Genuine importance
TD3:11	it must be genuinely important for that participant. Parts of each poem had	
TD3:12	been incorporated into the song. The process was a workshop, where the final	TD3:12-15 a) Workshopped b) Value in group process
TD3:13	product was as a result of a group process. Each participant had the	d) Shared collective creativity
TD3:14	opportunity to build their poem into the song, as well as make suggestions for	
TD3:15	the song as a whole. In this way every participant had a chance to both sing	TD3:15-16 a) Sing and be sung to b) Group supports
TD3:16	and have everyone sing their particular line. The song writing activity that	individual
TD3:17	focussed on some of the negative aspects brought up by the clients was	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:18	TD3:18 turned into a rap-style activity. The MT took the final workshopped product and TD3:18-20 a) MT: Presented group work	TD3:18-20 a) MT: Presented group work
TD3:19	typed up the lyrics. Roughly every two lines of song text belongs to a different	
TD3:20	participant and a different poem.	
TD3:21	Here are the final lyrics:	Participants:
TD3:22		
TD3:23	I see Roses so red,	Andrew's poem
TD3:24	It makes me happy	
TD3:25	and you	Larry's poem
TD3:26	And I think to myself what a wonderful world.	
TD3:27		
TD3:28	l like lots of food	Lonwabo's poem
TD3:29	and then to move	
TD3:30	The music sounds good, please don't be impolite	Rocco's poem
TD3:31	And I think to myself what a wonderful world.	
TD3:32		
TD3:33	The colours of the music so pretty to the ear	Douglas' poem



INE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:34	And great sports on the field	Samual's poem
TD3:35	Are also on my mind	
TD3:36	Don't let friends fight, let's not be angry	Douglas' poem
TD3:37	I'm really saying I love you.	
TD3:38		
TD3:39	like some give and take	Thukile's poem
TD3:40	but also pay me back	
TD3:41	Computer electronics are so cool	Tiago's poem
TD3:42	And I think to myself what a wonderful world	
TD3:43	Yes I think to myself what a wonderful world	
TD3:44	TD3:44 This description begins on the last verse. Everyone except Douglas has their	TD3:44-46 b) Most singing
TD3:45	eyes on their individual lyric sheets, but it seems everyone is singing. It is hard	
TD3:46	TD3:46 to discern who is not singing, if anyone. There is a feeling of shared	TD3:46-47 a) Shared focus b) Group concentration
TD3:47	concentration and focus, and performance. Douglas is singing with the group,	c) Group performance
TD3:48	TD3:48 quite loudly, but rushing ahead slightly. He has the lyrics loosely folded in half	TD3:47-49 a) Loud participant b) Rushing ahead
TD3:49	TD3:49 on his lap. Andrew, Lonwabo, Thukile, Rocco and Samual have their sheets in	c) Memorised lyrics



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:50	front of them resting on the djembe drums (often used as a convenient table	
TD3:51	surface). Tiago holds his up with one hand resting on the drum.	
TD3:52	After the MT sings one line, he fades his voice out and just strum the chords.	TD3:52-53 a) MT: Hands music over to group
TD3:53	The group buoys the song, and continues to perform it together. There is a	TD3:53-55 a) Participant buoys song b) Togetherness
TD3:54	togetherness in the vocal delivery, where the participants drive the momentum	in voice c) Participant driven momentum d) MT. No guiding
TD3:55	of singing the song together, without the MT needing to buoy or guide it. The	TD3:55-57 a) Words/phrases together c) Enthusiasm
TD3:56	words and melodic phrases move together, and the participants are singing	
TD3:57	TD3:57 relatively loudly and enthusiastically. Because they are all reading off the lyric	TD3:57-59 a) Absorbed
TD3:58	sheet, and their heads are buried, there are very little visual clues suggesting	
TD3:59	demeanour and so on. There are however very subtle body movements during TD3:59-66 a) Subtle body movement	TD3:59-66 a) Subtle body movement
TD3:60	TD3:60 the last verse of the song. Tiago is swaying to the rhythm, using very small	
TD3:61	movements. Samual's head moves to the pulse, as he looks at the lyric sheet	TD3:59-66 c) Head to pulse
TD3:62	TD3:62 in front of him. Rocco sings the loudest, and at times taps his foot. Thukile also TD3:59-66 d) Taps foot e) Loudest voice	TD3:59-66 d) Taps foot e) Loudest voice
TD3:63	sings heartily, and nods his head to the music. Douglas moves his upper body	TD3:59-66 f) Swaying forward and back
TD3:64	slightly back and forth in the plastic-backed chair, to the pulse of the music. He	
TD3:65	appears to engage with the elasticity of the seat itself, where the chair back	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:66	propels him forward after he leans back onto it.	
TD3:67	The last verse has a tricky repeated phrase at the end, yet the group handles	TD3:67-68 a) Participants navigate difficult music
TD3:68	it, managing to sing the same words, melody and phrasing together. The MT	
TD3:69	trips up, landing on the wrong chord (dominant V7) but soon corrects to the	TD3:68-71 b) Participants accurate
TD3:70	tonic chord. As the last chord continues and then dies away, there is a moment TD3:70-71 a) Group silence	TD3:70-71 a) Group silence
TD3:71	of silence. The MT is moved, and quietly offers heartfelt praise. A significant	TD3:71 a) MT: Sincerely moved b) MT: Praises group
TD3:72	meaningful silence. Thukile looks up quickly and expectantly, folds his arms	TD3:71-72 a) Significant moment of silence b) MT: Joyful,
TD3:73	and sits up in his chair. Rocco slowly raises his eyes, as if waiting for	euphoric inner state
TD3:74	something to be said, but does not change his posture at all. He seems slow in TD3:72-73 a) expectancy, quickening	TD3:72-73 a) expectancy, quickening
TD3:75	his movements, as he goes back to looking down at the lyrics. Samual looks	TD3:73-76 a) Waiting, eyes raised
TD3:76	TD3:76 up from under his cap enquiringly, as if he is peeping out. He sees me looking	TD3:76-78 a) Peeping enquiringly
TD3:77	at him, and shyly lowers his head slightly, so the peak covers his eyes. Tiago	
TD3:78	puts his page on the drums, sits back and looks up with a hint of a smile. He	TD3:78-79 a) Hinting smile b) Swivelling legs
TD3:79	folds his arms and swivels his legs from side to side in parallel. Andrew looks	
TD3:80	TD3:80 up quickly at the end of the song, as if in anticipation of something. He	TD3:80-81 a) Anticipating, eyes raised
TD3:81	scratches his head for a long while. Andrew looks at Tiago, and sees the lyric	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:82	sheet and decides to gather it. It is a gesture of aid, and he does it in a matter	TD3:81-85 a) Gesture of help
TD3:83	of fact way, leaning forward and taking from Tiago's drum. He gathers more	c) Sparks similar deeds d) Group responsivity
TD3:84	TD3:84 Iyric sheets before sending them round the other group members, to me. The	
TD3:85	lyric sheets come back to me from the other side too.	
TD3:86	TD3:86 Into the musically silent group space, Samual begins playing on the djembe,	TD3:86-87 a) Into musical silence b) Initiates djembe c)
TD3:87	softly with his hands, and then with his fingertips. The MT begins talking about	softly
TD3:88	TD3:88 the next activity, introducing it. He becomes softer and softer as the MT talks.	TD3:87-88 a) MT: Introduces activity b) Participant
TD3:89	TD3:89 We are going to do a rap and hip-hop improvisation, using a backing track the	diminuendos
TD3:90	MT had arranged. The rap is meant to be for blowing off some steam, the	TD3:89-91 a) MT: Affords anger release b) MT: moves from
TD3:91	opposite of 'A Wonderful World'. The MT goes over to the table. Tiago picks up	group
TD3:92	TD3:92 the djembe, holds it elevated off the floor, and all the way up between his	TD3:92-95 b) Complex beat
TD3:93	knees, and plays a complex pattern in a forceful confident manner. Sitting up	c) self-assured d) Straight posture
TD3:94	TD3:94 with a straight back, his eyes are level with the top of the drum. The beat	
TD3:95	consists of an initial ringing out strike in the middle (bass) area of the drum,	TD3:95-100 a) Bass/treble texturing b) 3/4 c) rapid strokes
TD3:96	TD3:96 followed immediately by rapid strokes on the (treble) edge of the drum. The	d) Flourish both hands e) Steady repeat pattern
TD3:97	TD3:97 Itiming is approximately 3/4, as he accents the rapid strokes on every three.	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:98	He concludes the pattern with a loud slightly uneven flourish played by both	
TD3:99	hands. It creates a sort of drum roll effect. Tiago continues this pattern at a	
TD3:100	steady 111 bpm, though there are some in-between pauses.	
TD3:101	The MT is preparing the music player and the participant's 'prepared' guitar for TD3:101-104 a) MT: Separated from group space	TD3:101-104 a) MT: Separated from group space
TD3:102	the activity. As the MT checks the tuning (open strings sound C chord),	b) MT: Prepared 'C' guitar
TD3:103	Samual firmly gestures to the MT that he wants the guitar. The MT, surprised,	TD3:103-105 a) Prototypical confidence b) Firm request
TD3:104	passes him the guitar. The guitar is one of the available instruments we can	d) Participant agency
TD3:105	TD3:105 use for this activity. The aim is to support the rapper. Samual's gesture is	
TD3:106	confident and bold, very different from the demeanour he maintained just	TD3:105-108 a) Shifting demeanour - extroverted feel
TD3:107	TD3:107 moments ago. He went from a more hidden, shy countenance, to one of	
TD3:108	almost flamboyance. As he receives the guitar a broad happy smile spreads	TD3:108-111 a) Beaming b) Smiles toward guitar
TD3:109	across his face. The smile is directed at the guitar itself. He places the guitar in	
TD3:110	TD3:110 the playing position, looks up and smiles at Andrew, and either says something TD3:110-111 a) Communication effort b) Smiling and	TD3:110-111 a) Communication effort b) Smiling and
TD3:111	TD3:111 while laughing out loud. This is somewhat momentous, as Samual has	Laughing out
TD3:112	TD3:112 refrained from spontaneous behaviour. He has never as clearly motivated	TD3:111-114 a) Spontaneity new feature b) Usually
TD3:113	TD3:113 interaction with any participants before this. The most he has done is make	refraining c) Initiates prototypical contact



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:114	eye contact, and mild gesturing. He has certainly hardly smiled before. There	TD3:114-116 a) Invigorated vitality affect
TD3:115	is also a quickening of his body movements, where before he seemed	
TD3:116	lethargically slow. Andrew looks back and starts smiling as Rocco receives the	TD3:116-118 a) Interpersonal synchrony
TD3:117	guitar. It is a simultaneous exchange of smiles, accompanied by head flicks in	
TD3:118	mutual acknowledgement. At this moment, all are either looking up, or looking	TD3:118-119 a) Group eye contact b) Ascending
TD3:119	at each other. Postures are reasonably erect in the chairs. The MT includes	demeanour
TD3:120	Douglas in this observation, as at other times he appears very lethargic. His	
TD3:121	TD3:121 legs are set apart, with a djembe drum in the middle. All are seated in a circle,	
TD3:121a	TD3:121a within touching distance.	
TD3:122	TD3:122 Andrew now sits up more in his chair, with both hands on his djembe in	TD3:122-123 a) Attentive readiness
TD3:123	TD3:123 readiness to play. Tiago is still playing loudly, but with a great amount of	TD3:123-124 a) Cohesion
TD3:124	TD3:124 musical cohesion. As soon as the guitar is given to Samual, Thukile folds his	TD3:124-126 a) Critical observing
TD3:125	arms together, looking at the guitar being handed over. His face seems set, a	
TD3:126	frown on his brow, and he follows me with his eyes. Lonwabo plays his djembe TD3:126-127 a) Inaudible participation	TD3:126-127 a) Inaudible participation
TD3:127	along with Tiago softly, his hands are moving, but too softly to hear. This is	TD3:127-128 a) Spontaneous between activities
TD3:128	TD3:128 taking place spontaneously, before the rap activity. Now Samual begins to	
TD3:129	TD3:129 play. He picks up on the exact same tempo Tiago stipulated. He plays	TD3:128-131 a) Confident stroke b) Uses all strings on



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:130	TD3:130 confidently through all the strings on each stroke. There is a ringing out quality	s on each stroke. There is a ringing out quality instrument c) Ringing out quality d) Conceptually clear e)
TD3:131	TD3:131 to his playing, and a formed concept. It is upbeat, the tempo at 210 bpm. He	Upbeat feel, tempo
TD3:132	occasionally places his left hand (the non-strumming hand) on the strings. The	TD3:131-134 a) Brim-full textural/rhythmic complexity b)
TD3:133	TD3:133 left hand dampens the strings, creating a complex rhythm when combined with Congruent coordination	Congruent coordination
TD3:134	TD3:134 the right hand chordal strokes. The MT purposely adapts the session plan in	TD3:134-137 a) MT: Facilitates individual's initiative b) MT:
TD3:135	accordance with the perceived needs of Samual, especially at this	Allows deviation c) MT: Reasoning: Unprecedented
TD3:136	TD3:136 unprecedented gushing of self-expression. The MT works towards evening the	self-expression d) MT: Towards group inclusivity
TD3:137	TD3:137 platform for self-expression for other participants. Samual is leading music that TD3:137-139 a) Leading creativeness	TD3:137-139 a) Leading creativeness
TD3:138	TD3:138 is spontaneous, creative and inclusive. The MT sees the participants are still	
TD3:139	TD3:139 quizzical as to what is transpiring and so facilitates their inclusion.	
TD3:140	TD3:140 Leaving the music player on the table, The MT grabs handfuls of percussion	TD3:140-141 a) MT: Actioning inclusivity
TD3:141	TD3:141 instruments and attempts to offer some to Rocco, Thukile, and Douglas. While	
TD3:142	TD3:142 the MT does this, Andrew spontaneously begins singing words, with a formed	TD3:141-142 a) Spontaneous initiative b) Agency c) Lyrics
TD3:143	TD3:143 melodoc structure. Andrews singing sounds meaningful and heartfelt, with a	and melody
TD3:144	TD3:144 kind of natural voice distortion similar to the soul music genre (similar to the	TD3:143-145 a) Authentic emotional expression b) Gravelly
TD3:145	TD3:145 style of artists such as James Brown and Bill Withers). However the words are voice	voice



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:146	TD3:146 not easily heard, because the style of delivery masks them. Andrew's	TD3:145-147 a) Words masked b) Tuneful and soulful
TD3:147	TD3:147 unfettered singing continues, striking a balance between tuneful and soulful.	
TD3:148	He also animates his hands, palms outwards, as part of the sung phrasing. It	TD3:147-149 a) Synchronous affective gesturing
TD3:149	sounds almost rehearsed. After many replays, the words are similar to:	b) Unified concept c) Performed as complete
TD3:150	l say you	TD3:150-151 a) Affirmative lyrics
TD3:151	Are wonderful darling	
TD3:152	TD3:152 There is a longish gap between each line, so after the 'I say you' the music	TD3:152-154 a) Musically informed gaps b) Music can
TD3:153	TD3:153 continues for one whole bar, before the next line is sung. This has the effect of breathe	breathe
TD3:154	TD3:154 letting the music breath. After Andrew sings these two lines for the first time,	TD3:154-155 a) Singing/playing alternating b) Djembe
TD3:155	TD3:155 he plays a flourish on the djembe. The MT acknowledges and encourages	flourish
TD3:156	TD3:156 Andrew's contribution by saying 'Thank you very much', and offers him a	TD3:155-158 a) MT: Acknowledges contribution
TD3:157	TD3:157 shaker. The MT's plan is to limit the djembe to one person per turn, in order to b) MT: Strategic shaker offering	b) MT: Strategic shaker offering
TD3:158	TD3:158 give the soloist due prominence. Tiago had stopped his djembe playing on his	
TD3:159	TD3:159 own accord, and is now playing the xylophone. He is playing a counter	TD3:158-162 a) Participant initiated instrument swop
TD3:160	TD3:160 melody, with a more 'half-time' feel, his pulse is felt at about 55 bpm. He is	b) Counter-melody c) Half-time pulse d) Defined contour



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TD3:161	TD3:161 playing a melody that has a definite contour, and he repeats that same	
TD3:162	TD3:162 contour. His playing is musical because it contains elements of phrasing, style, TD3:162-163 a) Conceptually rich	TD3:162-163 a) Conceptually rich
TD3:163	and conceptual vision. It also fits with the current aesthetic. It is not clear if he	
TD3:164	TD3:164 is responding to the group music, for the simple reason that there is little in his	TD3:163-166 a) Not stating pulse b) Attentive
TD3:165	playing that demonstrates the pulse, or that he is musically aware of what is	
TD3:166	TD3:166 happening around him. Yet it is important to note that he remained attentive.	TD3:167-168 a) Progressive melodic concept
TD3:167	TD3:167 His melody felt artistically progressive, and floating, with no discernible points	b) Floating above pulse c) Juxtaposing paradoxical musical
TD3:168	TD3:168 of contact with the group's music. Rocco is steadily playing his shaker on	concept
TD3:169	every second beat, and he seems to be looking at Andrew. Thukile has an egg TD3:168-169 a) Steady accompanying b) eyes up	TD3:168-169 a) Steady accompanying b) eyes up
TD3:170	TD3:170 shaker and is playing it in the same rhythm as Rocco. Thukile is bopping his	TD3:169-172 a) Affective gesturing b) Eyes on impromptu
TD3:171	TD3:171 head and moving his shoulders to the music, often looking at Samual as he	soloist
TD3:172	TD3:172 plays. Lonwabo is using both hands to play a pair of three-headed shakers,	TD3:172-173 a) Coordinated accompanying b) Eyes on
TD3:173	and he is also looking at Samual. Andrew is playing a pair of shakers in a	impromptu soloist
TD3:174	TD3:173-174 a) Singing and playing through all of his singing. The song has a	TD3:173-174 a) Singing and playing
TD3:175	TD3:175 life of its own. There is a cohesion that all the participants are responsible for	TD3:174-176 a) Participant created cohesion
TD3:176	TD3:176 creating. The rest of the words sung are:	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:177	l see you	TD3:177-183 a) Lyrics tinged with melancholy
TD3:178	Wonderful darling	
TD3:179	Wo, wo, wo wonderful	
TD3:180	Bye, bye,	
TD3:181	Day, day, day	
TD3:182	Wonderful Daddy	
TD3:183	My, my, my	
TD3:184	All the while Samual is keeping up a furious pace, his arm is almost a blur of TD3:184-185 a) Speedy b) Intensity	TD3:184-185 a) Speedy b) Intensity
TD3:185	movement up and down strumming the strings. Even though this is Samual's	
TD3:186	TD3:186 impromptu solo, and Andrew is singing 'lead', the MT does not interrupt. This	TD3:185-186 a) MT: Passive facilitation
TD3:187	TD3:187 is for the simple reason that Samual appears transported by the music - his	TD3:186-190 a) Transported by music b) Total
TD3:188	TD3:188 face is set in concentration, and he has a singularity of purpose that needs to	concentration c) Singular purpose d) MT: Participant lead
TD3:189	TD3:189 find its own conclusion. Samual's playing is such that he could quite easily also conclusion e) Accompaniment as solo	conclusion e) Accompaniment as solo
TD3:190	TD3:190 be considered the lead instrument. Andrew continues:	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:191	l say stay, stay , stay	TD3:191-195 a) Lyrics supplicating quality
TD3:192	wonderful lovely	
TD3:193	oh, oh	
TD3:194	ym, ym,	
TD3:195	Beautiful ba-be	
TD3:196	TD3:196 Tiago looks up and smiles. He stops playing, looking at Samual. Samual	TD3:196-198 a) Participant stops b) Eyes soloist c) Soloist
TD3:197	suddenly stops playing and hands the guitar to Tiago. This seems to have	stops d) Soloist offers guitar e) Instantaneous
TD3:198	TD3:198 occurred instantaneously and without eye contact. The song had continued for TD3:198-199 a) Length: 00:02:23	TD3:198-199 a) Length: 00:02:23
TD3:199	TD3:199 two minutes and twenty-three seconds. Samual is smiling broadly again as he	
TD3:200	TD3:200 ends his turn, and carries on grinning as the changeover to Tiago happens.	TD3:199-201 a) Beaming again b) Smile extends after solo
TD3:201	TD3:201 His cap is now sitting jauntily on his head, his face clearly visible and posture	c) Jauntily angled cap e) Posture erect
TD3:202	TD3:202 straight. Tiago places the guitar flat on his lap, strings up. He does not find the	
TD3:203	TD3:203 traditional position comfortable.	TD3:202-203 a) Strings up, comfortable
TD3:204	TD3:204 Tiago starts creating arrhythmic phrasing on the lower bass strings. He is	TD3:204-205 a) Experimental sound play



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:205	TD3:205 clearly experimenting with the sound. It is suggestive, rhythmically, of early	TD3:205-207 a) Suggests bird call
TD3:206	TD3:206 morning birdsong — in the way that each new call is unpredictable, though the	
TD3:207	actual sequence of notes is repeated. Tiago plays and the music reflects his	TD3:207-209 a) New gentle direction b) Soft volume
TD3:208	TD3:208 new gentle direction. He is playing the only tuned instrument, and so he can	
TD3:209	TD3:209 be very soft. Lonwabo begins playing a pattern with his shakers in a	TD3:209-210 a) Nonchalant shaker
TD3:210	TD3:210 nonchalant way. At the same time Tiago pauses. The MT plays a gentle strum, TD3:210-212 a) Soloist pauses b) MT. Strums in pause	TD3:210-212 a) Soloist pauses b) MT: Strums in pause
TD3:211	TD3:211 Trago responds with a single note. The MT is looking at Trago, and vice versa.	c) Soloist responds to MT d) Mutual eye contact e) Mutual
TD3:212	TD3:212 There is a pause. He strums, and the MT responds. Because the MT and	pause f) Soloist strums, MT responds
TD3:213	TD3:213 Tiago are both playing the same chord (C), there is a sonic similarity, a strong	TD3:212-215 a) Chordal congruence b) MT: Facilitating
TD3:214	TD3:214 bond aurally. As this relationship is developed, it becomes unclear where the	musical relationship c) Interpersonal synchrony d) Liminal
TD3:215	TD3:215 MT is playing and where he is, or who is responding to whom. At the	blur
TD3:216	TD3:216 appropriate moment, the MT encourages the participants to join in and 'lay a	TD3:215-218 a) MT: Encourages participation b) Most
TD3:217	TD3:217 bed' of sound for Tiago. All the participants except Douglas start playing along,	participants respond
TD3:218	TD3:218 and the tempo is the slightly more then before, 120bpm. Tiago plays across	TD3:218-219 a) Extends range
TD3:219	TD3:219 the higher strings, in a strumming fashion. Douglas does however pics up his	TD3:219-22o a) Intermittent playing
TD3:220	TD3:220 tambourine ever few bars, shake it, and then move it back into his lap. Thukile	TD3:220-222 a) More energy
TD3:221	TD3:221 is playing the shaker much more vigorously. His head is bent slightly to the	



LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:222	TD3:222 side and he is no longer frowning. Rocco plays in a similar way as he did with	TD3:222-223 a) Similar synching
TD3:223	Samual.	
TD3:224	TD3:224 Suddenly Anthony begins singing again. It is a loud but tuneful	TD3:224-225 a) Initiates singing again b) Similarly loud,
TD3:225	TD3:225 accompaniment. The MT becomes aware that Tiago may be slightly	tuneful
TD3:226	TD3:226 overpowered in terms of volume and the MT motions to Andrew to sing more	TD3:225-226 a) MT: Maintains soloist focal point
TD3:227	TD3:227 quietly. Andrew's singing is once again musical, delivered with authenticity and	
TD3:228	TD3:228 grit yet it may not be right for Tinashe's stated musical offering. It also may	TD3:227-229 b) Infringing on others
TD3:229	TD3:229 be crowding the space for other more subtle things to happen. The group is	
TD3:230	TD3:230 responding musically. Every participant is playing along, and there is a	TD3:229-231 a) Group responsiveness b) All involved
TD3:231	TD3:231 cohesive group rhythm discernible.	c) Group cohesion
TD3:232	TD3:232 Andrew continues powerfully, both in dynamics and delivery. Tiago lessens his	TD3:232 a) Singing remains powerful
TD3:233	TD3:233 strumming, and slowly stop playing. Instead of saying anything the MT adopts	TD3:232-233 a) Soloist wilting
TD3:234	TD3:234 a musical strategy to restore balance. The MT changes tempo to an	TD3:233-236 a) MT: Verbally silent b) MT: Strategizes
TD3:235	TD3:235 exceedingly slower backing for Tiago Immediately this reverts attention back balancing technique c) Radicalises tempo	balancing technique c) Radicalises tempo
TD3:236	TD3:236 to Tiago and he renews playing the guitar enthusiastically. Andrew sings	TD3:235-236 a) Attention reverted b) Soloist reinstated

LINE NO.	THICK DESCRIPTION THREE TRANSCRIPT	CODES
TD3:237	TD3:237 again, but now softly, and Tiago carries on with playing. Tiago plays even	TD3:236-237 a) Singing but soft
TD3:238	TD3:238 more slowly, and he goes back to playing the lower strings, as he started. He	TD3:237-240 a) Soloist initiates slower tempo
TD3:239	TD3:239 plays twice on the A string, and once on the lowest string, a fourth below (E).	b) '3' pattern again, notes A,A,E (high,high,low).
TD3:240	TD3:240 This sets up a basis for building another gentler wave of music, with quieter	d) Sets up gentle 'wave' e) Quieter f) Ebb and flow quality
TD3:241	TD3:241 dynamics. As the music begins to ebb and flow, Tiago decides to stop playing. TD3:241-242 a) Soloist stops b) Group stops c) Soloist	TD3:241-242 a) Soloist stops b) Group stops c) Soloist
TD3:242	TD3:242 He smiles authentically as he hands the guitar over.	authentic smile
	END	



Appendix Q (SI1, with coding - Lonwabo):

NO. Date: 12th May 2016 CODES SI1:1 MT: 1 just wanted to say thank you very much for doing the strict therapy, and for this interview. a) MT: Acknowledges participant presence (MT/SI1:1) SI1:2 music therapy, and for this interview. c) MT: Warm greeting (MT/SI1:1) SI1:3 Lonwabo: Sure. It's my pleasure. c) Attentiveness (Lonwabo/SI1:3) SI1:4 MT: So I just wanted to ask. Ive got some questions about an usic therapy. a) MT: Gestured go-ahead (MT/SI1:4-5) SI1:5 - How have you experienced making music together in the sessions together? a) Quite breezy quality (Lonwabo/SI1:8-9) SI1:6 - How have you are going to teach us music. a) Quite breezy quality (Lonwabo/SI1:8-9) SI1:9 a lesson. Like you are going to teach us music. b) Appropriateness of conversational response (Lonwabo/SI1:8-9) SI1:10 MT: Oh yes, yes. a) Challenging creative aspects of MTy SI1:12 up with our own beats, you see. With our own songs. So. b) MTy: nice to create (Lonwabo/SI1:11-12)	g	LINE	Participant: Lonwabo	
SI1:1 MT: I just wanted to say thank you very much for doing the music therapy, and for this interview. SI1:3 Lonwabo: Sure. It's my pleasure. SI1:4 MT: So I just wanted to ask, I've got some questions about the music therapy. SI1:5 - How have you experienced making music together in the sessions together? SI1:6 - How have you are going to teach us music. SI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come but it was nice.		Š.	Date: 12th May 2016	CODES
 SI1:2 music therapy, and for this interview. SI1:3 Lonwabo: Sure. It's my pleasure. SI1:4 MT: So I just wanted to ask, I've got some questions about the music therapy. SI1:5 the music therapy. SI1:6 - How have you experienced making music together in the sessions together? SI1:7 sessions together? SI1:8 Lonwabo: Um. At first I thought that, like, it was going to be a lesson. Like you are going to teach us music. SI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come but it was nice. but it was nice. 		SI1:1	MT: I just wanted to say thank you very much for doing the	a) MT: Acknowledges participant presence (MT/SI1:1)
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 SI1:3 Lonwabo: Sure. It's my pleasure. SI1:4 MT: So I just wanted to ask, I've got some questions about SI1:5 the music therapy. SI1:6 - How have you experienced making music together in the SI1:7 sessions together? SI1:8 Lonwabo: Um. At first I thought that, like, it was going to be SI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come SI1:12 up with our own beats, you see, With our own songs. So, but it was nice. 				c) MT: Warm greeting (MT/SI1:1)
 SI1:4 MT: So I just wanted to ask, I've got some questions about SI1:5 the music therapy. SI1:6 - How have you experienced making music together in the sessions together? SI1:7 sessions together? SI1:8 Lonwabo: Um. At first I thought that, like, it was going to be sI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come sI1:12 up with our own beats, you see, With our own songs. So, but it was nice. 		SI1:3	Lonwabo: Sure. It's my pleasure.	a) Cordiality (Lonwabo/SI1:3)
 SI1:4 MT: So I just wanted to ask, I've got some questions about SI1:5 the music therapy. SI1:6 - How have you experienced making music together in the SI1:7 sessions together? SI1:8 Lonwabo: Um. At first I thought that, like, it was going to be SI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come SI1:12 up with our own beats, you see, With our own songs. So, but it was nice. 				c) Attentiveness (Lonwabo/SI1:3)
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 SI1:6 - How have you experienced making music together in the SI1:7 sessions together? SI1:8 Lonwabo: Um. At first I thought that, like, it was going to be a lesson. Like you are going to teach us music. SI1:9 a lesson. Like you are going to teach us music. SI1:10 MT: Oh yes, yes. SI1:11 Lonwabo: But then it got different. Then we have to come sI1:12 up with our own beats, you see, With our own songs. So, but it was nice. 		SI1:5	the music therapy.	
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MT: Oh yes, yes. Lonwabo: But then it got different. Then we have to come up with our own beats, you see, With our own songs. So, but it was nice.		811:9	a lesson. Like you are going to teach us music.	b) Appropriateness of conversational
MT: Oh yes, yes. Lonwabo: But then it got different. Then we have to come up with our own beats, you see, With our own songs. So, but it was nice.				response (Lonwabo/SI1:8-9)
Lonwabo: But then it got different. Then we have to come up with our own beats, you see, With our own songs. So, but it was nice.		SI1:10	MT: Oh yes, yes.	
up with our own beats, you see, With our own songs. So, but it was nice.		SI1:11	Lonwabo: But then it got different. Then we have to come	a) Challenging creative aspects of MTy
		SI1:12	up with our own beats, you see, With our own songs. So,	(Lonwabo/SI1:11-12)
			but it was nice.	b) MTy: nice to create (Lonwabo/SI1:11-12)



g	LINE	Participant: Lonwabo	
	Š.	Date: 12th May 2016	CODES
	SI1:13	MT: Did you prefer to maybe get some lessons, or did you	
	SI1:14	prefer to maybe do your own beats?	
	SI1:15	Lonwabo: No I thought we were going to get lessons at first	a) Slightly higher intonation, and assertive (Lonwabo/
	SI1:16	when I, before we started. When you introduced the therapy.	SI1:15-18)
	SI1:17	I thought it was going to lesson. But then on the day it was	b) MTy: Pedagogical expectation (Lonwabo/SI1:15-16)
	SI1:18	something different.	
	SI1:19	MT: It is hey? It's very different because there is a	
	SI1:20	difference between music lessons and music therapy.	
	SI1:21	Lonwabo: OK	a) Interjects, but conversational rapport (Lonwabo/SI1:21)
	SI1:22	MT: Because in music therapy, we, everybody has got music	a) MT: Describes aspects of agency (MT/SI1:22-28)
	SI1:23	inside, and we try to let everybody express their music. You	b) MT: Encourages emotional expression (MT/SI1:22-28)
	SI1:24	know. Even if it's not professional standard. It doesn't matter,	
	SI1:25	it's about singing songs together, from your heart.	
	SI1:26	So can I ask you, besides what you said, that, you know, it	
	SI1:27	wasn't lesson	
1.2	SI1:28	- Is there anything that stands out for you?	
	SI1:29	Lonwabo: Um, ja, it's difficult make an own song	a) Difficulty with creative process of song-writing (Lonwabo/
	SI1:30	Like to come up with a song that you have to write on your	SI1:29-31)



₫	LINE	Participant: Lonwabo	
	Ö.	Date: 12th May 2016	CODES
	SI1:31	own words. But the therapy, ja, it's like kind of helping	b) MTy: Helping in sessions (Lonwabo/SI1:31)
	SI1:32	when when you there.	c) Significant, thoughtful pause (Lonwabo/SI1:33)
	SI1:33	[Pauses]	d) Reflecting inner growth; Concept of 'growing' through
	SI1:34	It's kind of like a thing that you can, like, maybe grow that	music (Lonwabo/SI1:34-35)
	SI1:35	ability to	e) Appropriateness and coherence in conversing (Lonwabo/
		write your own music.	SI1:29-35)
	SI1:36	MT: Thanks. Ok.	
1.3	SI1:37	- Can you use 5 words to sum up the the experience of the	
	SI1:38	music therapy?	
	SI1:39	Lonwabo: Ummm. 5 words?	
	SI1:40	MT: So like, you know, if it was soccer we might say: tired;	
	SI1:41	exciting; goals - are you with me?	
	SI1:42	Lonwabo: Ja, I understand, I understand [what] you say. I	b) Establishing coequality (Lonwabo/SI1:42-43)
	SI1:43	understand.	c) Reclaiming agency to understand (Lonwabo/SI1:42-43)
	SI1:44	MT: Oh Ok, sorry.	
	SI1:45	Lonwabo: 5 words to sum up the therapy session?	a) Quickened tempo, businesslike tone (Lonwabo/SI1:45)
			b) Lucid distillation of thought and concept (Lonwabo/SI1:45)
	SI1:46	мт : Ja	



SI1:47 Lonwabo: It was exciting, and attention seeking SI1:48 MT: Uh-huh SI1:49 Lonwabo: And you have to be devoted. And you have to do SI1:50 your best, give your best And, uh, like don't be afraid to SI1:51 learn from others. SI1:52 MT: Yes. Thank you. SI1:53 - Can you tell me about the kind of music that we played together? SI1:54 Lonwabo: Ja, that kind of music, with, it's got a lot of SI1:55 drumming. We did a lot of drumming and the other SI1:56 instruments were never used much, when we were singing. SI1:57 MT: Yes SI1:58 Lonwabo: Ja, we never used them much. SI1:59 MT: Yes hirl a lot of drumming hev?	g	LINE	Participant: Lonwabo	
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SI1:51 learn from others. SI1:52 MT: Yes. Thank you. SI1:53 - Can you tell me about the kind of music that we played together? SI1:54 Lonwabo: Ja, that kind of music, with, it's got a lot of drumming and the other sinstruments were never used much, when we were singing. SI1:55 MT: Yes SI1:57 MT: Yes SI1:58 Lonwabo: Ja, we never used them much. SI1:59 MT: Yes but a lot of drumming, hev?		SI1:50		SI1:49)
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 SI1:52 MT: Yes. Thank you. SI1:53 - Can you tell me about the kind of music that we played together? SI1:54 Lonwabo: Ja, that kind of music, with, it's got a lot of SI1:55 drumming. We did a lot of drumming and the other sinstruments were never used much, when we were singing. SI1:56 instruments were never used them wuch. SI1:57 MT: Yes SI1:58 Lonwabo: Ja, we never used them much. SI1:59 MT: Yes but a lot of drumming, hev? 				c) MTy: Openness to learn from others (Lonwabo/SI1:51)
SI1:52 SI1:54 SI1:55 SI1:56 SI1:57 SI1:58				d) Gives 5 words/concepts exactly. (Lonwabo/SI1:47-51)
SI1:53 SI1:54 SI1:55 SI1:57 SI1:58		SI1:52	MT: Yes. Thank you.	
4 70 9 1 8	4 .	SI1:53	- Can you tell me about the kind of music that we played	
4 10 9 1 8			together?	
8 4 6 5		SI1:54		
9 ~ 8		SI1:55		
~ 8		SI1:56	instruments were never used much, when we were singing.	
∞		SI1:57	MT: Yes	
		SI1:58	Lonwabo: Ja, we never used them much.	
		SI1:59	MT: Yes, but a lot of drumming, hey?	



NO. Date: 12th May 2016 CODES 311.60 -And can you tell me first of all somethings that you liked. And can you tell me first of all somethings that you liked. 311.61 and then we will look at some things that you didn't like? In Sit:63 and then we will look at some things that you didn't like? In Sit:64 511.62 Lonwabo: Priffiff [slows up cheeks, eyes widen) a) MT: Encourages openness in engaging (MT/Sit:42-43) 511.65 Store for me. sore for me. a) MT: Encourages openness in engaging (MT/Sit:42-43) 511.66 Lonwabo: Driffifff [slows up cheeks, eyes widen) a) MT: Encourages openness in engaging (MT/Sit:42-43) 511.66 Lonwabo: Driffifff [slows up cheeks, eyes widen) a) MT: Encourages openness in engaging (MT/Sit:42-43) 511.67 want to be there You see but then as weeks go, as we session, (Lonwabo/Sit:66-68) b) interest in attending (Lonwabo/Sit:67-68) 511.68 and what so you wanted to be there And was there So you wanted to be there And was there Sit:71 b) interest in attending (Lonwabox)Sit:67-68) 511.70 Anything, that was, about the sessions that you didn't like? a) Reluctance to share negative quality (Lonwabox)Sit:73 511.77 In where Z is to ask you a personal question: how do you a) Reluctance to share negative quality (Lonwabox)Sit:73	g	LINE	Participant: Lonwabo	
SI1:60 - And can you tell me first of all somethings that you liked, SI1:61 and then we will look at some things that you didn't like? In SI1:62 the sessions together SI1:63 Lonwabo: Pffffffff (Blows up cheeks, eyes widen) SI1:64 MT: It doesn't matter you can say anything, it's not gonna be SI1:65 'sore' for me. SI1:66 Lonwabo: Ja, at first, I mean i was not there, like I did not SI1:67 want to be there You see but then as weeks go, as we SI1:68 attended more therapy, then I was interested to be there. SI1:69 MT: Oh really? SI1:70 Lonwabo: Ja. SI1:71 MT: And what so you wanted to be there. And was there SI1:72 anything, that was, about the sessions that you didn't like? SI1:73 Lonwabo: Not exactly. SI1:74 MT: Not exactly, Ok. SI1:75 Number 2 is to ask you a personal question: how do you SI1:76 normally SI1:77 - How would you describe your emotional state normally?		NO.	Date: 12th May 2016	CODES
SI1:61 and then we will look at some things that you didn't like? In SI1:62 the sessions together SI1:63 Lonwabo: Pffffffff (Blows up cheeks, eyes widen) SI1:64 MT: It doesn't matter you can say anything, it's not gonna be SI1:65 'sore' for me. SI1:65 'sore' for me. SI1:66 Lonwabo: Ja, at first, I mean i was not there, like I did not SI1:67 want to be there You see but then as weeks go, as we SI1:68 attended more therapy, then I was interested to be there. SI1:70 Lonwabo: Ja. SI1:71 MT: And what so you wanted to be there. And was there SI1:72 anything, that was, about the sessions that you didn't like? SI1:73 Lonwabo: Not exactly. SI1:74 MT: Not exactly. Ok. SI1:75 Number 2 is to ask you a personal question: how do you SI1:76 normally SI1:77 - How would you describe your emotional state normally?	1.5	SI1:60	- And can you tell me first of all somethings that you liked,	
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 SI1:70 Lonwabo: Ja. SI1:71 MT: And what so you wanted to be there. And was there SI1:72 anything, that was, about the sessions that you didn't like? SI1:73 Lonwabo: Not exactly. SI1:74 MT: Not exactly, Ok. SI1:75 Number 2 is to ask you a personal question: how do you SI1:76 normally SI1:77 - How would you describe your emotional state normally? 		SI1:69	MT: Oh really?	
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SI1:74 SI1:75 SI1:76 SI1:77		SI1:73	Lonwabo: Not exactly.	a) Reluctance to share negative quality (Lonwabo/SI1:73)
SI1:75 SI1:76 SI1:77		SI1:74	MT: Not exactly, Ok.	
SI1:76 SI1:77		SI1:75	Number 2 is to ask you a personal question: how do you	
SI1:77		SI1:76	normally	
	2.1	SI1:77	- How would you describe your emotional state normally?	



g	LINE	Participant: Lonwabo	
	NO.	Date: 12th May 2016	CODES
	SI1:78	Lonwabo: Well, I'm not that emotional person, but I do feel	a) Linking emotions to grief and pain (Lonwabo/SI1:78-79)
	SI1:79	grief when there's pain.	b) Coherent abstract thought (Lonwabo/SI1:78-79)
			b) Considered presentation of emotional detachment
			(Lonwabo/SI1:78-79)
	SI1:80	MT: You feel?	
	SI1:81	Lonwabo: Grief.	
	SI1:82	MT: Are you feeling grief everyday?	a) MT: probing for warning signs (Lonwabo/SI1:78-79)
	SI1:83	Lonwabo: Not everyday. I like, when there's a serious, uh,	a) Emotions triggered by intense experiences (Lonwabo/
	SI1:84	occasion, like death or illness, you see, those kind of stuff.	SI1:83-84)
			b) Not troubled by everyday 'stuff' (Lonwabo/SI1:83-84)
	SI1:85	MT: Right, Ok.	
	SI1:86	With relation to that, how you're talking now, you talk about	
	SI1:87	sometimes you feel grief, on certain occasions and	a) Interjection naturally conversational (Lonwabo/SI1:87)
	SI1:88	[Lonwabo: ja] Your normal state on a day to day basis -	
	SI1:89	would you say you are quite how would you describe	
		yourself everyday?	



g	LINE	Participant: Lonwabo	
	NO.	Date: 12th May 2016	CODES
	SI1:90	Lonwabo: Well on a daily basis, I mean with the medication	a) Client suggests medically induced emotional withdrawal
	SI1:91	that I get, I get side effects you see, that kind of make things	(Lonwabo/SI1:90-91)
		difficult for me.	b) Awareness of fluctuating self-states (Lonwabo/SI1:90-91)
			c) Daily personal difficulty (Lonwabo/SI1:91)
	SI1:92	MT: Is it depression or?	
	SI1:93	Lonwabo: The side effects? (MT: nodding)	a) medication impacted thought processes (Lonwabo/
	SI1:94	The side effects I cannot exactly say if it's depression or	SI1:94-95)
	SI1:95	thinking too much	
4.1	SI1:96	MT: OK.	
•ర	SI1:97	- Do you feel that the music therapy made any difference to	
4.2	SI1:98	how you feel daily?	
	SI1:99	Lonwabo: Ja like, if, like, If were not in that group I will	a) Immediate response, and still up tempo throughout
	SI1:100	talk As the therapy was in a group Like here we spend	(Lonwabo/SI1:99)
	SI1:101	the whole day just sitting, smoking, doing nothing. Then with	- Italics: Rising inflection on each word
	SI1:102	the therapy at least some, I use the time, valuably.	c) Emphasis on group aspect of MTy (Lonwabo/S11:90-91)
			d) MTy: Enjoyment of activity (Lonwabo/SI1:101-102)
			e) MTy: Valuable use of time (Lonwabo/SI1:101-102)
	SI1:103	MT: I hear you. I hear you, thank you.	



g	LIN	Participant: Lonwabo	
	NO.	Date: 12th May 2016	CODES
3.1	SI1:104	- Do you feel the music therapy made any emotional impact	
	SI1:105	on you? About how you feel about yourself or the world or	
	SI1:106	anything, inside?	
	SI1:107	Lonwabo: Um, love, ja. Ja like you see since I was out of	a) MTy: Love, as inner experience (Lonwabo/SI1:107)
	SI1:108	the community, now it's been five years since I've been out	b) Feelings of isolation, sense of not belonging (Lonwabo/
	SI1:109	of the community [SI1:108-109)
	SI1:110	MT: Which community?	
	SI1:111	Lonwabo: Like the outside world, ever since I was arrested	
	SI1:112	then I was admitted here in Valkenberg.	
	SI1:113	MT: 5 years?	
	SI1:114	Lonwabo: Five years yes, this is the fifth year. So like I,	a) Profound loss of sociality and mutual human connection
	SI1:115	uhhh, I kind of, like, lost the connection of love, like, knowing	(Lonwabo/SI1:114-116)
	SI1:116	who love me, and who can I talk to But the therapy, the	b) Capacity fore emotional expression (Lonwabo/SI1:114-116)
	SI1:117	therapy is somehow, uh, made me feel the comfort of love.	c) MTy: Restores lost connection of love (Lonwabo/
			SI1:116-117)
			d) MTy: Offers expressive experiences of self (Lonwabo/
			SI1:116-117)
			e) MTy: Affords emotional comfort (Lonwabo/S11:117)
3.2	SI1:118	MT: - So do you think that music can maybe, go beyond um,	



g	LINE	Participant: Lonwabo	
	O	Date: 12th May 2016	CODES
	SI1:119	Lonwabo: Like how I understand (it), music is not just	a) Completing MT's sentence, and mutual momentum driving
	SI1:120	about writing rhyming words, or words that must interact	interjections: flowing conversationally (Lonwabo/SI1:119)
	SI1:121	together It's like you express yourself also in music, say	b) Possibly compliant, to please (Lonwabo/SI1:119-122)
	SI1:122	how you feel, things you don't like, things that you like	c) MTy: Offers expressive experiences of self (Lonwabo/
	SI1:123	I mean you give education to some others. So like with the	SI1:116-117)
	SI1:124	therapy ja, it was something, like a learning excursion.	d) MTy: a learning 'excursion' (Lonwabo/SI1:124)
	SI1:125	MT: Hmmm, wonderful.	a) MT: Appreciates depth of conversing (MT/SI1:125)
5.1	SI1:126	- What was it like for you to make music with this group, you	
	SI1:127	know with Tsepho and the whole group of people?	
	SI1:128	Lonwabo: I mean we come from different backgrounds, you	a) MTy: Learning curve in group musicing (Lonwabo/
	SI1:129	see. So like, doing music with them, was also like a, learning	SI1:128-129)
	SI1:130	curve, you see, so 'cos you'v got your own special thing,	b) Positively characterises individual diversity (Lonwabo/
	SI1:131	someone else has got his own special thing. Then when we	SI1:130-131)
	SI1:132	are together, like, like, it combines to be a unit. Give up [the]	c) MTy: Affords combination into a unit (Lonwabo/
		one thing.	SI1:131-132)
	SI1:133	MT: Alright so you experienced, a unity, some kind of union	a) Multiple interjections indicating encouragement, being
	SI1:134	there [Lonwabo: Ja], even though, you know, someone was	understood and confidence (Lonwabo/SI1:134-136)
	SI1:135	not singing with, or someone was forgetting to play or, what	
	SI1:136	what. [Lonwabo:ja], There was still somethingthere.	



NO. SI1:137	Date: 12th May 2016	CODES
SI1:		
	137 Lonwabo: Ja, unity yes. [Interjecting]	a) MTy: Affording group unity (Lonwabo/SI1:128-129)
		b) Thought process linking 'something there' to
		'unity' (Lonwabo/SI1:136-137)
SI1:138	138 MT:	
5.2 SI1:139	139 - And how did you experience yourself in this unity?	
SI1:140	140 Lonwabo: Well, like I never was with that, a group - like ja I	a) MTy: Affords new experience in a unified group (Lonwabo/
SI1:141	did once when I was in high school some friend of mine took	SI1:140-141)
SI1:142	me to a recording then we only recorded one song. [MT: uh-	
	ha] so like	
SI1:143	MT: And you were singing?	
SI1:144	144 Lonwabo: Ja I was singing.	
SI1:145	145 MT: Nice, ja.	
SI1:146	146 Lonwabo: Like ja with the group I was seeing myself, ja I	a) Seeing himself as there to learn in MTy group (Lonwabo/
SI1:147	was there to learn you see, because it was my first time,	SI1:147-147)
SI1:148	drums with instruments, you see. I never used instruments	b) Sustains single thought through conversational turns
	before.	(Lonwabo/SI1:140-148)
6.1 SI1:149	MT: - How did you experience communicating with others in	
SI1:150	the group?	



 NO. SI1:151 Lonwabo: The communication was like a bit hard SI1:152 sometimes, I mean, cos some people don't understand SI1:153 English [MT: right], and you just have to interpret, or like go SI1:154 slow with them. [MT: yes] You see so the communication was like, hard, but it was there. SI1:155 MT: It was there. SI1:156 - How do you relate to the other people that were in the SI1:157 group, normally. Outside of music therapy? SI1:158 Lonwabo: Like outside the music therapy? SI1:159 MT: Yip, like are you friends with them or SI1:160 Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we SI1:161 do talk. I can, I can see him as a friend. Even Samual. With SI1:162 the others, then we share like smokes, like ah, Thukile or SI1:163 Monty (Andrew's nickname). And then Larry, but now he's SI1:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I SI1:165 was communicating with more often when he was here. SI1:165 was communicating with more often when he was here. SI1:165 was communicating with people, since the music therapy, from SI1:167 your relationships with people, since the music therapy, from SI1:168 before, to after music therapy? Or is it the same basically? 	g	LINE	Participant: Lonwabo	
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SI1:158 Lonwabo: Like outside the music therapy? SI1:159 MT: Yip, like are you friends with them or SI1:160 Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we SI1:161 do talk. I can, I can see him as a friend. Even Samual. With SI1:162 the others, then we share like smokes, like ah, Thukile or SI1:163 Monty (Andrew's nickname). And then Larry, but now he's SI1:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I SI1:165 was communicating with more often when he was here. SI1:167 your relationships with people, since the music therapy, from SI1:168 before, to after music therapy? Or is it the same basically?	0 ,	311:157	group, normally. Outside of music therapy.	
 SI1:159 MT: Yip, like are you friends with them or SI1:160 Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we SI1:161 do talk. I can, I can see him as a friend. Even Samual. With SI1:162 the others, then we share like smokes, like ah, Thukile or SI1:163 Monty (Andrew's nickname). And then Larry, but now he's SI1:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I SI1:165 was communicating with more often when he was here. SI1:166 MT: - I see, ok. And do you think anything has changed in SI1:167 your relationships with people, since the music therapy, from SI1:168 before, to after music therapy? Or is it the same basically? 	0,	311:158	Lonwabo: Like outside the music therapy?	
 S11:160 Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we S11:161 do talk. I can, I can see him as a friend. Even Samual. With S11:162 the others, then we share like smokes, like ah, Thukile or S11:163 Monty (Andrew's nickname). And then Larry, but now he's S11:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I S11:165 was communicating with more often when he was here. S11:166 MT: -I see, ok. And do you think anything has changed in S11:167 your relationships with people, since the music therapy, from S11:168 before, to after music therapy? Or is it the same basically? 	0,	311:159	MT: Yip, like are you friends with them or	
 SI1:161 do talk. I can, I can see him as a friend. Even Samual. With SI1:162 the others, then we share like smokes, like ah, Thukile or SI1:163 Monty (Andrew's nickname). And then Larry, but now he's SI1:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I SI1:165 was communicating with more often when he was here. SI1:166 MT: - I see, ok. And do you think anything has changed in SI1:167 your relationships with people, since the music therapy, from SI1:168 before, to after music therapy? Or is it the same basically? 	0,	311:160	Lonwabo: Ja like you see Rocco. Rocco, Rocco and I, we	a) Sharing culture among participants (Lonwabo/SI1:161-162)
 SI1:162 the others, then we share like smokes, like ah, Thukile or SI1:163 Monty (Andrew's nickname). And then Larry, but now he's SI1:164 like, from Ward 12 now [MT: Larry?]. You see he's the one I SI1:165 was communicating with more often when he was here. SI1:166 MT: - I see, ok. And do you think anything has changed in SI1:167 your relationships with people, since the music therapy, from SI1:168 before, to after music therapy? Or is it the same basically? 	•	311:161		b) Speaks to circumstantial transience of a friendship space
SI1:163 SI1:164 SI1:165 SI1:166 SI1:167	<i>•</i>	311:162		(Lonwabo/SI1:163-165)
SI1:164 SI1:165 SI1:166 SI1:167	•	311:163	Monty (Andrew's nickname). And then Larry, but now he's	
SI1:165 SI1:166 SI1:167 SI1:168	•	311:164	like, from Ward 12 now [MT: Larry?]. You see he's the one I	
SI1:166 SI1:167 SI1:168	0,	311:165	was communicating with more often when he was here.	
		311:166	MT: - I see, ok. And do you think anything has changed in	
	•	311:167	your relationships with people, since the music therapy, from	
	0,	311:168	before, to after music therapy? Or is it the same basically?	



g	LINE	Participant: Lonwabo	
	Ŏ.	Date: 12th May 2016	CODES
	SI1:169	Lonwabo: It's not that much. I mean, there in the music	a) MTy: Engenders empathy (Lonwabo/SI1:169-170)
	SI1:170	therapy, then you will have to have understanding you see.	
	SI1:171	MT: You are learning more about, you see you talk to Lance,	a) Healthy conversational rapport (Lonwabo/SI1:172-173)
	SI1:172	hey? [Lonwabo:Ja], but until you hear him sing, or play the	
	SI1:173	drums, then you almost know a little bit more about him	
		now.	
	SI1:174	Lonwabo: Sure.	a) Interested quality (MT:SI1:174)
	SI1:175	MT: Because you know he didn't see you sing before,	
	SI1:176	maybe [Lonwabo:haha], or, come up with your own song,	
	SI1:177	and now it's almost because you're doing that, you all learnt	
	SI1:178	a little bit more about each other.	
	SI1:179	Lonwabo: Sure, yes.	
	SI1:180	MT: So that's what I mean by communication.	
7.1	SI1:181	- Can you say anything about your general level of	
	SI1:182	motivation in daily life? Since you've been at Valkenberg?	



g	LINE	Participant: Lonwabo	
	N O	Date: 12th May 2016	CODES
	SI1:183	Lonwabo: Yes I'm motivated by some other things. People	a) MTy: Expression of others as motivating factor in daily life
	SI1:184	especially, like, not like sing something that's written. I	(Lonwabo:SI1:183-186)
	SI1:185	mean it must be an actual word from another person. who is	
	SI1:186	from the other, that can motivate me. Even here in	b) Medication as not the 'end of
	SI1:187	Valkenberg, ja I do get motivations I mean, it's not like you	being' (Lonwabo:SI1:186-188)
	SI1:188	only take medication here and then that's the end of being in	
	SI1:189	Valkenberg. I mean there are group therapies, you see	
	SI1:190	you go on outings then they offer, like, educational	
		chances also you see. There is motivation here yes.	
	SI1:191	MT: Ok, I see what you're saying. Cool.	
7.2	SI1:192	- What can you say about your motivation in the music	
త	SI1:193	therapy sessions?	
7.3	SI1:194	- Or did you feel the music therapy didn't have any effect on	
	SI1:195	your motivation?	



g	LINE	Participant: Lonwabo	
	O	Date: 12th May 2016	CODES
	SI1:196	Lonwabo: Well, ja it motivated me in one thing, like to be	a) MTy: Motivates attentiveness, and an inner gesture of
	SI1:197	attentive, I have to be attentive, you see. And not act like I	modesty (Lonwabo:SI1:196-197)
	SI1:198	know everything, you see. Because you learn until you die,	b) MTy: Motivates humble approach (Lonwabo:SI1:197-198)
	SI1:199	they say [MT: haha]. So I also believe that you learn until	c) Maxim: you learn until you die (Lonwabo:SI1:199)
		you die.	
	SI1:200	MT: I see.	
8.1	SI1:201	- Can you describe how you felt about the sessions ending?	a) MT: Careful approach, soft tone (MT:SI1:201)
	SI1:202	Lonwabo: Um, I mean there's an end for everything I	a) Sad quality, falling intonation, slower tempo
	SI1:203	believe. There's nothing that lasts forever. But ja, with the	(Lonwabo:SI1:202-203)
	SI1:204	end now it's like back to square one, you see. But there's	b) MTy: Stimulating, but now 'back to square
	SI1:205	a group I also attend on Wednesday, then I will like not just	one' (Lonwabo:S11:203-204)
	SI1:206	sit around, lazing around doing nothing. At least there will	c) Wise use of future time - attribute of actualised personality
	SI1:207	something that I do. I have a group session there by	(Lonwabo:SI1:206-208)
	SI1:208	ward12, you see so I'll spend my time wisely, ja.	d) Looking forward, wanting to be occupied, sees things
			positively (Lonwabo:SI1:205-208)
	SI1:209	MT: I see what you're saying.	
9.1	SI1:210	- Would you recommend others do group music therapy	
	SI1:211	sessions in the future, (and why)?	



g	LINE	Participant: Lonwabo	
	O	Date: 12th May 2016	CODES
	SI1:213	Lonwabo: Ja if they are interested, I mean, not all of us can	a) MTy: As beneficial (Lonwabo:SI1:213-198)
	SI1:214	be interested in music, you see, but I would encourage them	
	SI1:215	to do music therapy, yes.	
	SI1:216	MT: I think this also. It's not only about learning an	
	SI1:217	instrument, or to play, it's about also expressing yourself.	
	SI1:218	Finding a way to do it with music. In music we can put	
	SI1:219	anger, love, romance, fear. We can put all of our emotions	
10.1	SI1:220	into music and it can hold it for us.	
		- Why do you think music therapy is good for people?	
	SI1:221	Lonwabo: Like you music therapy, it's like, what can I say	a) MTy: As cathartic event (Lonwabo:SI1:221-223)
	SI1:222	this, where you confess? I mean you let out what's inside	b) MTy: Inner trapped states become freed
	SI1:223	you to get relief you see.	(Lonwabo:SI1:221-223)
			c) MTy: Initiates relief (Lonwabo:SI1:221-223)
	SI1:224	MT: I see.	
	SI1:225	Thanks and good luck.	



Appendix Q (SI2, with coding - Samual):

g	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
7.	SI2:1	MT: - How did you feel making music together?	This interview was conducted half an hour
			after the final session
	SI2:2	Samual: I am feeling happy, so.	a) Said with a smile, up-tempo response (Samual/
			SI2:2)
			b) MTy: Happy feelings (Samual/SI2:2)
1.2	SI2:3	MT: - What stands out for you?	
	SI2:4	Samual: I'm not sure.	a) Hesitant response, slower (Samual/SI2:4)
ა.	SI2:5	MT: - Can you choose some words besides happy, that you feel	
	SI2:6	about the music that we did?	
	SI2:7	Samual: [Pause] I don't know.	a) Quieter, withholding quality (Samual/SI2:7)
			b) Blank affect (Samual/SI2:7)
4.	SI2:8	MT: - What kind of music did we play?	a) MT: Phrasing simplified (MT/SI2:8)
	SI2:9	Samual: Jazz	a) Said with more certainty, even smilingly
			(Samual/SI2:9)
1.5	SI2:10	MT: - And can you tell me some of the things you did not enjoy?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:11	Samual: Ja umm	a) Poor conversational rapport (Samual/SI2:11)
			b) Long pauses between questions and answers
			(Samual/SI2:4-11)
			c) General slight cowedness, as if not allowed to
			speak openly (Samual/SI2:11)
	SI2:12	MT: Did you like everything?	a) MT: Smiling, effort to establish rapport (MT/
			SI2:12)
	SI2:13	Samual: Yes	
	SI2:14	MT: Can you tell me some of things that you did like? [pointing at	a) MT: Prompting responses with pointing,
		instruments]	rephrasing questions (MT/SI2:14)
	SI2:15	Samual: Drums yes I like guitar [/aughs]	a) Significant rise in energy (Samual/SI2:15)
			b) Emphatic about liking the guitar (Samual/
			SI2:15)
	SI2:16	MT: Which do you like better?	
	SI2:17	Samual: Is guitars.	a) Better rapport with MT (Samual/SI2:17)
2.1	SI2:18	MT: - How would you tell me about how you feel emotionally	
	SI2:19	normally? How would you describe your feelings?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:20	Samual: I'm alright.	a) Accompanied by an incomplete thumbs up
			gesture (Samual/SI2:20)
			b) Slower response, heavier feeling (Samual/
			SI2:20)
3.1	SI2:21	MT: - In the music sessions Does music make you feel anything?	
	\$12:22	Samual: I'm alright. I'm alright, before and after.	a) Affectively bare (Samual/SI2:22)
			b) Profoundly lacking communication (Samual/
			SI2:22)
3.2	\$12:23	MT: - How did you feel inside the music? When you were playing?	
	SI2:24	Samual: I'm feeling alright.	a) Stubborn quality (Samual/SI2:24)
			b) Repetition of the same answers (Samual/
			SI2:24)
	SI2:25	MT: So there's no difference if you are playing music or if you're at	
	SI2:26	the ward?	
	SI2:27	Samual: Ah, not different. [MT: The same?] The same.	a) Limits emotion exploration (Samual/SI2:27)
3.3	SI2:28	MT: - Did the music therapy we did here, the music that we did, did	a) MT: Personal feeling of being unable to carry
	SI2:29	it impact you, or mean something? Did it make you feel anything?	my thoughts (MT/SI2:28)
			b) MT: Falling over words, feel not understood
			(MT/SI2:28)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:30	Samual: No, uhhh.	a) Though in MTy sessions: smiling, expressive
			affective gesturing (Samual/SI2:30)
			b) Giving up quality, shaking head (Samual/
			SI2:30)
4.	SI2:31	MT: Ok thanks [Long pause]	a) MT: Gathering thoughts, regrouping (MT/
5.1	SI2:32	- What was it like to make music with this group of guys?	SI2:31)
			b) MT: Question calm, with authentic curiosity (MT/
			SI2:32)
	SI2:33	Samual: I love making it.	a) Slightly raised energy, twinkle in his eye
			(Samual/SI2:33)
			b) Feels authentic, but unusual response for this
			client (Samual/SI2:33)
			c) MT: Delivery of question important here (MT/
			SI2:33)
			d) MTy: Love making music (Samual/S12:33)
6.1	SI2:34	MT: - Did you feel you could talk and communicate with everyone	
	SI2:35	in the group?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:36	Samual: Yes	a) Response quick, clearly spoken. More sprightly
			demeanour (Samual/SI2:36)
			b) MTy group: affords communication (Samual/
			SI2:36)
	SI2:37	MT: Is it the same here in the music therapy group, as the ward?	
	SI2:38	Samual: Ai, it is the same. [MT: The same?] Yes.	c) MT: Better conversational rapport (MT/SI2:38)
	SI2:39	MT: So nothing has changed between you and everybody else?	a) MT: Probing previous response (MT/SI2:39)
	SI2:40	Samual: No	a) Answers readily (Samual/SI2:40)
7.1	SI2:41	MT: - Can you say anything about your motivation in general?	
	SI2:42	Samual: Mmmh [low muffled sound]	a) MT: Interpreted as preference of no response
			(Samual/SI2:42)
8.1	SI2:43	MT: - Do you feel sad or happy when the sessions finished now?	Samual hears this question as: Did doing MT
	SI2:44		make you feel happy or sad?
	SI2:45	Samual: Yes so I'm feeling so happy	a) Longer answer, feeling of willingness (Samual/
			SI2:45)
			b) The flat tone not carrying the meaning, but the
			eyes are (Samual/SI2:45)
8.2	SI2:46	MT: - Would you like the sessions to carry on now, or stop?	a) MT: Probing understanding of previous question
			(MT/SI2:46)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:47	Samual: No, to start again. [MT: To start again?] Yes.	a) Improved rapport with MT continues (Samual/
			SI2:47)
			b) Clear response, wanting to be heard (Samual/
			SI2:47)
			b) MTy: Desirable to continue (Samual/SI2:47)
9.1	SI2:48	MT: - Would you say that other people would it be good for all	
	SI2:49	the other people here to come to music therapy?	
	SI2:50	Samual: No not everyone. Not all.	a) Seems clear about stating this (Samual/SI2:50)
			b) MTy: Not good for all (Samual/SI2:50)
	SI2:51	MT: Why?	
	SI2:52	Samual: Because, umm, [Laughs, scratches arms] difficult.	a) Fatuous laughter, awkward response (Samual/
			SI2:52)
			b) Difficulty related to MTy and participation in a
			larger group (Samual/SI2:52)
	SI2:53	MT: I'm saying that if there is music therapy for Ward 20 and Ward	a) MT: Intuits possible miscommunication, and
	SI2:54	12, for everyone there, would that be good or bad?	rephrases (MT/SI2:53-54)



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	CODES
	SI2:55	Samual: Ai that would be good, good. Yes, Ok.	a) Reasonably clear affirmative response (Samual/
			SI2:55)
			b) MTy: Conditionally recommended (Samual/
			SI2:55)
			c) MTy: Good for ward members in Valkenberg
			(Samual/SI2:55)
	SI2:56	MT: Would you like to tell me why Music Therapy is not good for	a) MT: Ascertain thinking behind statement (MT/
	SI2:57	everyone in Xhosa?	SI2:56-57)
			a) MT: Affording a different channel of
			communication (MT/S12:56-57)
	SI2:58	Samual: Yes	
	SI2:59	MT: Go ahead, I'll have it translated	
	SI2:60	Samual: [In Xhosa] Music is not good for everyone because	a) Music itself not good for everyone (Samual/
	SI2:61	[unintelligible]	SI2:60)
10.1	SI2:62	MT: - Is there anything else you want to tell me in Xhosa, about the	a) MT: Attempting to widen scope (MT/S12:62-63)
	SI2:63	music therapy?	
	SI2:64	Samual: [In Xhosa, the only discernible word: CD]	
	SI2:65	MT: Thank you very much for your time, and for helping me to	a) MT: Authentic gratitude (MT/SI2:65-66)
		understand what you think about Music Therapy	
	SI2:66	Samual: Thanks, it's a pleasure. Yes.	a) Smiles genuinely and looks the MT in the eyes
			(MT/SI2:66)
		217	

CODES	
SEMI-STRUCTURED INTERVIEW TWO TRANSCRIPT	INTERVIEW END
LINE NO.	

g



Appendix Q (SI3, with coding - Larry):

g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
7:	SI3:1	MT: - How have you experienced making music together in the	Questions start after greetings and
	SI3:2	sessions?	pleasantries
	SI3:3	Larry: It's good	a) Genuine feeling, immediate response
			(Larry/SI3:3)
			b) MTy: Good experience (Larry/SI3:3)
	SI3:4	MT: Tell me a bit more about why it's good?	a) Returns to fairly blank affect (Larry/SI3:4)
	SI3:5	Larry: I like to play the drums.	a) Sighing, effortful (Larry/SI3:5)
			b) MTy: Enjoyment of drumming (Larry/SI3:5)
1.2	SI3:6	MT: What stands out for you more? What makes it good, is	
	SI3:7	there anything that you remember?	
	SI3:8	Larry: Yes I remember the songs. [MT: Pardon? I remember the songs.	a) Responsive, but talking softly with flat tone
			(Larry/SI3:8)
			b) MTy: Songs memorable (Larry/SI3:8)
	SI3:9	MT: You remember the songs! (Smiling)	a) MT: Encouraging elaboration (MT/SI3:9)
	SI3:10	Larry: Wonderful World (Slight smile)	a) Faint, sincere smile (Larry/SI3:10)
			b) Fondness for workshopped group song
			(Larry/SI3:10)
			b) Agency in owning memories (Larry/S13:10)



₫	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:11	MT: Yes great, would you like me to give you a copy of that song? The	a) MT: Attempting to establish rapport
	SI3:12	one that the band did together [fishes for lyrics sheet, hands it over]	(MT/SI3:11-12)
	SI3:13	Larry: Yes	a) Very softly spoken (Larry/SI3:13)
	SI3:14	MT: And the goodbye song, hey? [sings] 'I believe'	
	SI3:15	Larry: 'that it's time to say goodbye' [both sing].	a) Both singing enlivens the energy (Larry/
			SI3:15)
			b) Spontaneity in reminiscing shared
			experience (Larry/S13:15)
			c) Perceptible rapport (Larry/SI3:15)
1.3	SI3:16	MT: Choose five words that sums up your experience with the music	
	SI3:17	Larry: I don't know how to get these	a) Voice inflects, regretful feeling (Larry/
			SI3:17)
	SI3:18	MT: Ok, what I'm saying is, if I was in a boxing fight and someone said	a) MT: Offers example as stimulus (Larry/
	SI3:19	choose five words to describe it. I might say: pain, anger [interrupts]	SI3:18-19)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:20	Larry: Ok, ok. I see. It was good. I like the band. I like everybody. [MT:	a) Interjection builds conversational building
	SI3:21	Ok thanks, any more things about Music Therapy?] Umm I didn't like	(Larry/SI3:20)
	SI3:22	Thukile, the way he hits the drums, it is too hard, so you can't hear the	b) MTy: Good (Larry/SI3:20)
		other things playing Yes.	c) MTy: Offers enjoyable 'band' or group
			experience (Larry/SI3:20)
			d) Enjoys everybody in the musicing group
			(Larry/SI3:20)
			e) Appreciates hearing everybody play (Larry/
			SI3:21-22)
			f) MT: Improved rapport (MT/SI3:20-22)
	SI3:23	MT: Thank you. One more thing, word	
	SI3:24	Larry: Umm, that's all.	a) Raised inflection, feeling of finality (Larry/
			SI3:24)
			b) Agency in controlling own response (Larry/
			SI3:24)
4.1	SI3:25	MT: - Can you tell me anything about the kind of music that we played?	
	SI3:26	Larry: We played rap, and some other things	
1.5	SI3:27	MT: - Thank you. Can you tell me a little bit more about what you	
	SI3:28	enjoyed in the sessions? Or didn't enjoy?	
	SI3:29	Larry: [Unintelligible] guy, the one with short hair	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:30	MT: Andrew, or Douglas?	
	SI3:31	Larry: Andrew - Yes he hit the drums so loud, you can't hear the others.	a) Clear expression of disappointment (Larry/
			SI3:31)
			b) Healthy flow to conversation (Larry/SI3:31)
			c) Re-expressed desire to hear the group's
			music (Larry/SI3:31)
2.1	SI3:32	MT: - How would you describe your emotional state normally?	
	SI3:33	Larry: No, I feel good.	a) Considered response, toned voice (Larry/
			SI3:33)
	SI3:34	MT: You feel good most of the time?	
	SI3:35	Larry: Yes.	a) Responds quickly and clearly (Larry/
			SI3:35)
3.1	SI3:36	MT: - Ok thanks. How did you feel emotionally during the music sessions?	
	SI3:37	Larry: I feel good. Just feel good. Because I like music.	a) Bemused feeling, half smiling (Larry/
			SI3:37)
			b) MTy: Affords opportunity to feel good
			(Larry/SI3:37)
	SI3:38	MT: What I am also trying to ask you is Ok, here is Lance without	a) MT: Lucid example, using both hands and
	SI3:39	music therapy, how do you feel? And over here is Lance with the music	big gestures (MT/SI3:38-40)
	SI3:40	therapy - how do you feel? Is it the same?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:41	Larry: No, it's different.	a) MTy: Leads to different experience of the
			self (Larry/SI3:41)
3.2	SI3:42	MT: - Can you tell me about the difference?	
	SI3:43	Larry: I experience a lot. You know. [Pause] I really do.	a) Growing softer, vulnerable feeling (Larry/
			SI3:43)
			b) MTy: Affords expression of emotion (Larry/
			SI3:43)
			c) Poignant moment, client begins to opens
			up (Larry/SI3:43)
4 .1	SI3:44	MT: - Do you experience a lot more? [Larry: yes] In the music therapy?	
	SI3:45	Larry: Yes	a) Saying yes both to the question and to the
			experience of MTy (Larry/SI3:45)
			b) MTy: Affords many and more experiences
			(Larry/Sl3:45) [Researcher's italics]
	SI3:46	MT: What do you think you experience 'more' of? How do you	a)MT: MT and client alliance allows further
	SI3:47	experience 'more'?	exploration (Larry/SI3:46-47)

g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:48	Larry: I just feel the experience I don't know how to put it.	a) Genuine openness (Larry/SI3:48)
			b) Agency of owning experience (Larry/
			SI3:48)
			c) Feel the experience / experience the feel
			(Larry/SI3:48)
			d) MTy: 'Feel the experience' - Emotional
			experience (Larry/SI3:48)
	SI3:49	MT: Is there any feeling that you can talk about, feeling sad, more	a) MT: Hoping to distill general experience to
	SI3:50	happyor	more specific feelings (MT/SI3:49-50)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:51	Larry: Happy and listening. [Long pause] In music therapy I can	a) Immediate, sure-footed response (Larry/
	SI3:52	express myself. Everything is better then there in the ward.	SI3:51)
			b) MTy: Reframes therapeutic space as a
			listening environment (Larry/SI3:51-52)
			c) Frames listening in MTy as a happy feeling
			(Larry/SI3:51-52)
			d) MTy: Offers a 'within' space for self-
			expression (Larry/SI3:51-52)
			e) MTy: Where everything is better (Larry/
			SI3:51-52)
			f) Ward life as deficient environment (Larry/
			SI3:51-52)
	SI3:53	MT: In the ward is it hard to express yourself?	
	SI3:54	Larry: Yes	a) Quick response (Larry/SI3:54)
	SI3:55	MT: Thank you. I appreciate what you're saying here.	a) MT: Acknowledges authentic relating (MT/
5.1	SI3:56	- What was it like for you to make music with this group of people?	SI3:55)
	SI3:57	You've told me a bit about Thukile and Andrew hey? But can you talk	
	SI3:58	about how you felt in the group, with us all taking turns and listening to	
	SI3:59	each other?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:60	Larry: I just want to go now [Loud laughing]. But I like it.	a) Fatuous laughter, after vulnerability (Larry/
			SI3:60)
			b) Enjoyed group musicing (Larry/SI3:60)
	SI3:61	MT: Why do you think you liked it?	
	SI3:62	Larry: Because the music, that's why I like it.	
	SI3:63	MT: What do you think it is in music that makes us feel like that?	a) Exploring more abstractly (MT/SI3:63)
	SI3:64	Larry: I like to sing, that's why.	a) Answers are coming more up tempo
			(Larry/SI3:64)
			b) Singing as seat of feeling in music (Larry/
			SI3:64)
	SI3:65	MT: But we all want to sing? But why? I don't know, I'm just asking, I	a) MT: Consultative tone (Larry/SI3:65-66)
	SI3:66	don't know the answer	
	SI3:67	Larry: No, to tell of places and stuff like that. In music.	a) MTy: Storytelling in music (Larry/Sl3:67)
5.2	SI3:68	MT: - How did you experience yourself in the group? Did you notice	
	SI3:69	anything about yourself	
	SI3:70	Larry: Yes I'm a little bit more open	a) Candid response, vulnerable again (Larry/
			SI3:70)
			b) MTy: More openness (Larry/SI3:70)
	SI3:71	MT: In what way?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:72	Larry: In a good way.	a) Mty: Affords openness in a good way
			(Larry/Sl3:72)
6.1	SI3:73	MT: - So is it in a way that you feel other people can talk to you?	a) MT: Keeping momentum (MT/SI3:73)
	SI3:74	Larry: Yes	a) MTy: More willingness for interactivity
			(Larry/SI3:74)
	SI3:75	MT: To most of the people in the group you feel	
	SI3:76	Larry: I like them.	a) Great conversational rapport, seamless
			integration from MT to Larry (Larry/SI3:77)
			b) Expressing affinity with MTy participants
			(Larry/Sl3:76)
6.2	SI3:77	MT: - Has anything changed in the group, from the beginning up to	
	SI3:78	where we stopped?	
	SI3:79	Larry: Yes. [MT: How?] I know the drums now. I know how to play	a) Experience of new musical skill through
		drums.	MTy (Larry/SI3:79)
			b) Pride in gaining knowledge (Larry/SI3:79)
6.3	SI3:80	MT: - Has anything changed in how you feel about other members of	
	SI3:81	the group?	
	SI3:82	Larry: All of them, it's just those that I explained to you, how they go.	a) Slightly annoyed toned (Larry/S13:82)
			b) Feeling of tiredness (Larry/SI3:82)
7.1	SI3:83	MT: - Can you say anything about your general level of motivation in	
	SI3:84	daily life?	



S	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:85	Larry: It's a hard one [<i>laughing</i>].	a) Laughter not fatuous, humorous (Larry/
			SI3:85)
			b) Motivation factor in life hard (Larry/SI3:85)
S	SI3:86	MT: Maybe you say how you feel generally feel about motivation, and	Larry responds to this question front -to-
ਲ	SI3:87	then after that you can tell me, does music and music therapy influence	back: first with Music Therapy, then
S	SI3:88	your motivation at all	without
<u></u>	SI3:89	Larry: It influences me positively.	a) MTy: Positive influence (Larry/SI3:89)
S	SI3:90	MT: And without music?	
S	SI3:91	Larry: Still good but then I doubt, without music.	b) Life without music and MTy causes doubt
			(Larry/SI3:91)
7.2 SI	SI3:92	MT: - Do you think Music Therapy can help you in motivation?	
S	SI3:93	Larry: Yes	a) MTy: Help with motivation (Larry/SI3:93)
<u></u>	SI3:94	MT: How	
S	SI3:95	Larry: It just makes me feel this whole place is not nice I just can	a) MTy: Singing as cathartic experience
S	SI3:96	sing.	(Larry/SI3:95-96)
			b) Circumstances of hospital life not nice
			(Larry/SI3:95-96)
			c) MTy: Offers refuge for feeling, a place
			where emotion can be safely felt (Larry/
			SI3:95-96)



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
7.3	SI3:97	MT: - Does it make you feel things that you did not want to feel before?	
	SI3:98	Larry: It makes me feel good.	a) Simple forthright expression (Larry/SI3:98)
			b) MTy: Makes me feel good (Larry/SI3:98)
	SI3:99	MT: Does music help you at all to do other things in the world	a) MT: MTy's beneficiality outside therapy
			space (MT/SI3:99)
	SI3:100	Larry: Yes	
	SI3:101	MT:like?	
	SI3:102	Larry: All I want to do. I like to sing when I'm doing dishes and cleaning	a) MTy: Beneficial in a global sense (Larry/
	SI3:103	the house	SI3:102)
			b) Agency of music use in own capacity
			(Larry/SI3:102-103)
	SI3:104	MT: If you wanted to do something differently in your life, like if you	
	SI3:105	wanted to for example study a course, do you think music can help you	
	SI3:106	to do that?	
	SI3:107	Larry: Yes.	a) Music as helpful in other aspects of life
			(Larry/SI3:107)
8.1	SI3:108	MT: - Thanks. Can you describe how you felt about the sessions	
	SI3:109	ending?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:110	Larry: I don't like it, don't really want it to (end)	a) Sadness as sessions ending (Larry/
			SI3:110)
			b) MTy: Continuation seen as beneficial
			(Larry/SI3:110)
	SI3:111	MT: Why?	
	SI3:112	Larry: I like the group. And time away from the ward.	a) Describes group rapport, desirable to be a
			member (Larry/SI3:112)
			b) MTy: A desirable activity
	SI3:113	MT: Do you think there anything about music therapy that can help you	Larry was due to go on 'leave' that same
	SI3:114	now when you go on leave?	day.
	SI3:115	Larry: Yes, with cleaning my house. Can I go to the toilet please?	a) Alludes again to singing as an aid when
			cleaning (Larry/SI3:115)
	SI3:116	MT: Can you wait two minutes, I'm almost done?	
	SI3:117	Larry: Ok	
9.1	SI3:118	MT: - Thank you. Would you recommend others do group music therapy	
	SI3:119	sessions in the future, (and why)?	
	SI3:120	Larry: Yes	a) MTy: Benefit to others (Larry/SI3:120)
	SI3:121	MT: Why?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW THREE TRANSCRIPT	CODES
	SI3:122	Larry: Because it is good for you. You learn more of music. It's nice to	a) MTy: Good for individuals (Larry/SI3:122)
	SI3:123	learn music.	b) MTy: Learning environment (Larry/
			SI3:122-123)
10.1	SI3:124	MT: - Anything else you want to add?	
	SI3:125	Larry: I want to say it was good. Good music. I like the way you worked	a) Appreciated affordances of agency by MT
	SI3:126	us. We all played drums, we all played instruments, we all sang. And we	(Larry/SI3:125-127)
	SI3:127	learned some Bob Marley.	b) Satisfaction of all being involved equally
			(Larry/SI3:125-127)
			c) An experience of goodness (Larry/
			SI3:125-127)
	SI3:128	MT: Thank you very much	
		INTERVIEW END	



Appendix Q (SI4, with coding - Tiago):

₫	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
7:	SI4:1	MT: - How have you experienced making music together?	Questions start after greetings and
			pleasantries
	SI4:2	Tiago: Oh yes fine.	a) Short, clipped feeling to words (Tiago/SI4:2)
			b) MTy: 'Fine' (Tiago/SI4:2)
			c) Guarded (Tiago/SI4:2)
1.2	SI4:3	MT: - And does anything stand out for you?	
	SI4:4	Tiago: Can you please elaborate?	a) Businesslike manner (Tiago/SI4:4)
			b) Appropriateness of response (Tiago/SI4:4)
	SI4:5	MT: Like making music in this group, is there anything that stands out	a) MT: Aiming at balanced, limited bias enquiry
	SI4:6	for you as being interesting and enjoyable, or not interesting and not	(MT/SI4:5-7)
	SI4:7	enjoyable? Or anything	
	SI4:8	Tiago [Interjects] No, not quite. It was just instruments and guitar.	a) Interjection - quite stiff, closing up feeling
	SI4:9	Interesting, and nothing more than that.	(Tiago/SI4:8-9)
			b) 'Just' and 'nothing more' : Limit engaging
			further (Tiago/SI4:8-9)
			c) MTy: Interesting, nothing more (Tiago/SI4:9)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:10	MT: Ja sure. I think what I'm trying to say is there I'm trying to ask you	a) MT: Affirming client, towards more open
	SI4:11	to tell me about how you experienced the Music Therapy. I know that it's	responses (MT/SI4:8-9)
	SI4:12	different to talk to a friend and say 'this is how I really feel', but I just	
	SI4:13	wanted to see [how you feel] maybe.	
1.3	SI4:14	- Could you sum your experience in the Music Therapy using any five	
	SI4:15	words?	
	SI4:16	Tiago Ok, it was great, it was enjoyable, it was worth learning, and it	a) More open response, lilting vocal quality
	SI4:17	was quite fine.	(Tiago/SI4:16-17)
			b) Responds easily to quantified request (Tiago/
			SI4:16-17)
			c) MTy: Great experience (Tiago/SI4:16-17)
			d) MTy: Enjoyable experience (Tiago/SI4:16-17)
			e) MTy: Worthwhile endeavour (Tiago/
			SI4:16-17)
4.1	SI4:18	MT: - Thanks man. And what kind of, can you talk to me about what kind	
	SI4:19	of music we played together. Which parts of it did you enjoy the most?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:20	Tiago Well, just enjoyed just a bit of rapping. Bit of rapping and a bit of	a) More conversational rapport, tempo
	SI4:21	a personal play, personal play in rap.	increased slightly (Tiago/SI4:20-21)
			b) Rapping in MTy: most enjoyable aspect
			(Tiago/SI4:20-21)
			b) MTy: Affords personal play in rap (Tiago/
			SI4:20-21)
	SI4:22	MT: Sort of personal expression	
	SI4:23	Tiago Ja personal expressions of music.	a) MTy: Affords personal expression (Tiago/
			SI4:23)
1.5	SI4:24	MT: - Is there anything you can say that you did not enjoy in the	
	SI4:25	sessions?	
	SI4:26	Tiago Well probably there was a lack of piano.	
	SI4:27	MT: Yes, you said so [earlier] yes.	
	SI4:28	Tiago And maybe a violin if possible.	a) Initiates conversational continuation (Tiago/
			SI4:28)
			b) Agency in expressing unmet need (Tiago/
			SI4:28)
	SI4:29	MT: Do you play the violin?	a) MT: Facilitates client's further self-expression
			(MT/SI4:29)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:30	Tiago I don't play but I would have loved to play it.	a) 'Loved' - speaks to the depth at which MTy
			may have impacted (Tiago/SI4:30)
			b) MTy: Elicits curiosity to explore instruments
			(Tiago/SI4:30)
	SI4:31	MT: That's a nice idea.	
	SI4:32	Is there anything else that you enjoyed?	
	SI4:33	Tiago Just the drums. Just the drums and the instruments.	a) MTy: Affords experience of playing
			instruments (Tiago/SI4:33)
2.1	SI4:34	MT: - How would you describe your emotional state normally?	
	SI4:35	Tiago It's just stable.	
	SI4:36	MT: If you had to qualify it with an either positive or negative emotion,	a) MT: Exploring possible avoidance (MT/
	SI4:37	which one would you go for?	SI4:36-37)
	SI4:38	Tiago Just moderate emotion. Moderately stable.	
	SI4:39	MT: Neither	



	SI4:40	Tiago Neither happy or sad, or low or high. Just moderately stable.	a) Good interpersonal rapport though
			uncomfortable subject (Tiago/SI4:40)
			b) Again setting limit for further engaging (Tiago/
			SI4:40)
			c) Exploring emotional responses avoided
			throughout (Tiago/SI4:40)
			d) Moderate stability as the ideal mental state
			(Tiago/SI4:40)
	SI4:41	MT: Fantastic ok.	a) MT: Affirms responses in deference to agency
3.1	SI4:42	- Would you say there was any change to that status in the Music	(MT/Sl4:41)
	SI4:44	Therapy sessions.	
	SI4:44	Tiago No there wasn't.	a) MTy: Affords maintenance of moderately
			stable state (Tiago/SI4:44)
	SI4:45	MT: Ok.	
3.2	SI4:46	- So the music the Music Therapy sessions didn't elevate your mood, or	
	SI4:47	anything like that?	
	SI4:48	Tiago No, not at all.	
	SI4:49	MT: I noticed that when we began you were reluctant to come to	
	SI4:50	Tiago [Interjecting] Ja well I was not feeling well, I got better a little bit.	a) MT: Tiago last to leave session, playing all the
			while, smiling, energetic (Tiago/SI4:50)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:51	MT: Was that only physical not feeling wellor also emotional?	a) MT: Exploring presented self-concept (Tiago/
			SI4:51)
	SI4:52	Tiago [Interjecting] Physical.	a) Interjections co-steering the narrative (Tiago/
			SI4:50-52)
			b) Unequivocal response (Tiago/SI4:52)
1.1	SI4:53	MT: - I guess following on from that is, do you feel that the Music	
	SI4:54	Therapy sessions had any impact in you? Or on you?	
	SI4:55	Tiago Well, just knowing about music. Nothing more than knowing	a) Sets own limits (Tiago/SI4:55-56)
	SI4:56	about music.	b) MTy: A way to know music (Tiago/SI4:55)
4.2	SI4:57	MT: What did you feel that you learnt more about music?	a) Facilitating 'found' narrative (Tiago/SI4:57)
	SI4:58	Tiago Well, I, sort of, just, sort of, this was one of my first times to play	a) Longer answer, speaking more broadly
	SI4:59	something on a guitar, or an instrument, or a drum. In terms of	(Tiago/SI4:58-61)
	SI4:60	composition, ja just that not necessarily commercial, you just [go], just	b) MTy: New experiences in playing (Tiago/
	SI4:61	as a group.	SI4:58-61)
			c) MTy: An inclusive group experience (Tiago/
			SI4:58-61)



ā	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:62	MT: And what often happens in music for me, for instance, like the	a) Effort at relating authentic experience (Tiago/
	SI4:63	reason why I got into music, is because often the music can, I don't	SI4:62-69)
	SI4:64	know, like make you feel transported, it can sort of, sometimes lift you	
	SI4:65	into a different way of thinking and feeling. it can sometimes also sink	
	SI4:66	you down, you can feel depressed or something after listening to music	
	SI4:67	or being involved.	
	SI4:68	I guess I'm interested to see if there's any emotional impact for you, with	
	S14:69	the music that we played?	
	SI4:70	Tiago No, not, nothing.	a) No emotional impact, moderately stable
			(Tiago/SI4:70)
	SI4:71	MT: I must say that I noticed that you smiled quite a lot, and laughed	a) MT: Notices discrepancy in presentations of
	SI4:72	quite a lot in the sessions	self (MT/SI4:71)
	SI4:73	Tiago Ok.	a) Listening intently (Tiago/SI4:73)
	SI4:74	MT: But when I talk to you in the ward and that, you don't smile and	a) MT: Demeanours drastically improved from
	SI4:75	laugh as much	ward to therapy space (MT/SI4:70)
	SI4:76	Tiago I'm not feeling well. Regarding my physical. And I just get better,	a) General feeling of unwellness (Tiago/
	SI4:77	a little bit.	SI4:76-77)
			b) Possibly saying MTy affords relief from
			physical illness/discomfort (Tiago/SI4:76-77)



5.1 St4:78 MT: I understand. Now moving on St4:78 And was it like for you to make music with this group of people? St4:79 -What was it like for you to make music with this group of people? a) Agency in setting limit more than that. a) Agency in setting limit more (Triago/Sl4:80) 514:80 St4:81 MT: Would you say that you enjoyed making music with this group? Inago I enjoyed I enjoyed the music, the music group. And it was just by MTy: Enjoyed group more than that state a group to me. b) MTy: Enjoyed group more than that a press part of the group? 5.2 St4:86 Tiago I just feel like part of a music group. And nothing more than that a press part of the group? b) Avoidance of discussification or than that that that the group? 5.2 St4:86 Tiago I just feel like part of that group? c) 'nothing more than that that that the group? 5.4:86 MT: And was it good to be part of that group? a) MTy: Fun participating states and the group? 5.4:88 Tiago I twas fun. a) MTy: Fun participating	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
 SI4:79 - What was it like for you to make music with this group of people? SI4:80 Tiago Well it was just like music group to me. Nothing more than that. SI4:81 MT: Would you say that you enjoyed making music with this group? SI4:82 Tiago I enjoyed I enjoyed the music, the music group. And it was just sike a group to me. SI4:83 like a group to me. SI4:85 -I want to look at how did you feel yourself, in the group? SI4:86 Tiago I just feel like part of a music group. And nothing more than that. SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group? 		SI4:78	MT: I understand. Now moving on	
SI4:80 Tiago Well it was just like music group to me. Nothing more than that. SI4:81 MT: Would you say that you enjoyed making music with this group? SI4:82 Tiago I enjoyed I enjoyed the music, the music group. And it was just sluse a group to me. SI4:85 -I want to look at how did you feel yourself, in the group? SI4:86 Tiago I just feel like part of a music group. And nothing more than that. SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group?	5.1	SI4:79	- What was it like for you to make music with this group of people?	
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 S14:81 MT: Would you say that you enjoyed making music with this group? S14:82 Tiago I enjoyed I enjoyed the music, the music group. And it was just S14:83 like a group to me. S14:83 like a group to me. S14:86 -I want to look at how did you feel yourself, in the group? S14:86 Tiago I just feel like part of a music group. And nothing more than that. S14:87 MT: And was it good to be part of that group? S14:88 Tiago It was fun. S14:89 MT: - How did you experience communicating with others in the group? 				more' (Tiago/SI4:80)
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SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group?		SI4:86	Tiago I just feel like part of a music group. And nothing more than that.	a) Feels a part of the group (Tiago/SI4:86)
SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group?				b) Avoidance of discussing feelings (Tiago/
SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group?				SI4:86)
 SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group? 				c) 'nothing more than that' appears five times
 SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group? 				(Tiago/SI4:86)
 SI4:87 MT: And was it good to be part of that group? SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group? 				
SI4:88 Tiago It was fun. SI4:89 MT: - How did you experience communicating with others in the group?		SI4:87	MT: And was it good to be part of that group?	
SI4:89		SI4:88	Tiago It was fun.	a) MTy: Fun participating in group (Tiago/SI4:88)
	6.1	SI4:89	MT: - How did you experience communicating with others in the group?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:90	Tiago Umm, umm, that was all fine. umm, yeah, we were all fine, just as	a) Communication in group fine (Tiago/SI4:90)
	SI4:91	a normal group.	b) Participants formed a 'normal' group (Tiago/ S14:90-91)
	SI4:92	MT: I noticed that there were a few times where somebody would say to	a) MT: Pointing out affirming qualities (MT/
	SI4:93	you, or to someone else, 'keep quiet'. You would not do that, you seem	SI4:92-96)
	SI4:94	to have a very fair approach, to give everybody a chance to express	
	SI4:95	themselves. You don't seem very judgemental. Some of the other guys	
	SI4:96	were more judgemental.	
	SI4:97	Tiago No, I'm not judgemental at all. I was just you know, at least	a) Keeping composure, and abiding the group
	SI4:98	having composure, at least having a composure of group rules, and just	rules (Tiago/SI4:92-96)
	SI4:99	be, just acting the way in the group rules, would abide, in any group.	
	SI4:100	MT: Basically, should I say, being respectful?	
	SI4:101	Tiago Ja being respectful about group rules.	a) Respectful of group rules (Tiago/SI4:101)
	SI4:102	MT: Just as my personal opinion I think that is a very good quality,	a) MT: affirmation of the client (Tiago/
	SI4:103	because you are immediately respecting everybody else's contribution	SI4:102-105)
	SI4:104	to the group. Instead of saying no you can't be part of this group unless	
	SI4:105	you do this or that you being in the group really helped the group a lot.	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:106	Tiago Ja	a) Generally more conversation impetus
			provided by MT (Tiago/SI4:106)
6.2	SI4:107	MT: - Do you feel there is any difference in how you relate to people in	
	SI4:108	the group, in the music sessions? Compared to in the ward	
		environment?	
	SI4:109	Tiago Oh it was just like a, just like a group in the ward. Where rules	b) Relateability in groups linked to abiding rules
	SI4:110	apply, and all sort of things about a group. Like quietness, eating and	(Tiago/SI4:109-110)
	SI4:110	drinking and so forth.	
	SI4:111	MT: Abiding by the rules?	
	SI4:112	Tiago Yeah.	a) Rules important (Tiago/SI4:112)
6.3	SI4:113	MT: - Has anything changed in how you feel about any of the other	
	SI4:114	people in the group, since we've been doing music?	
	SI4:115	Tiago No nothing really changed, just took a turn of listening when	a) Invested in stability (Tiago/SI4:115-117)
	SI4:116	someone is playing, and took a turn of playing when someone is	b) MTy: Turn taking in listening and playing
	SI4:117	listening.	(Tiago/SI4:115-117)
	SI4:118	MT: Right. I was just thinking that you know we can talk to somebody	
	SI4:119	for a long time, for years even, but until we maybe do music together we	
	SI4:120	don'y know what, how are you going to sing?	
	SI4:121	Tiago Haha Ja	a) Enjoying a lighter, authentic moment (Tiago/
			SI4:121)



	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:122	MT: What beats are you gonna make, I mean your drumming comes in	a) MT: Looking at how to take music further
	SI4:123	very strong. You've got very strong drumming. Have you done	(MT122-124)
	SI4:124	drumming before?	
	SI4:125	Tiago No I haven't. Not not not wth a group. Not of that sort of kind. I	a) Conversational ease, relaxedness (Tiago/
	SI4:126	was playing differently back then, in different groups. And they just	814:125-126)
	SI4:127	figured a way, how to how to play better drums in the group. I learnt	b) MTy: Better experiences of music (Tiago/
	SI4:128	how to play a guitar better, and instruments better.	SI4:127-128)
	SI4:129	MT: That's fantastic. You did have a very strong sense of taking a good	
	SI4:130	direction with the drums and everybody else would following you.	
	SI4:131	Tiago Ok.	a) Unaffected by praise (Tiago/SI4:131)
7.1	SI4:132	MT: - Can you say anything about your general level of motivation in	
	SI4:133	daily life?	
	SI4:134	Tiago My general motivation?	a) Conversational rapport (Tiago/SI4:134)
	SI4:135	МТ: Ја.	
	SI4:136	Tiago Umm it's, it's just being myself.	a) Motivated to be ones self (Tiago/SI4:136)
	SI4:137	MT: So would you describe yourself as highly motivated?	
	SI4:138	Tiago Ja I regard that as a high motivation, of just being myself.	b) Highly motivated to be ones self (Tiago/
			SI4:138)
	SI4:139	MT: Great.	
7.2	SI4:140	- What can you say about your motivation in the Music Therapy group?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:141	Tiago Um just good sounding music. Nothing more than that.	a) Enjoyed MTy experience (Tiago/SI4:141)
	SI4:142	MT: And I think you were quite enthusiastic, can I say that?	a) MT: Explore feelings around motivation more
			(MT/SI4:142)
	SI4:143	Tiago Ja, to a certain extent, to, at a group level extent.	a) Personal enthusiasm determined by state of
			the group (Tiago/SI4:143)
7.3	SI4:144	MT: - Can you tell me about your present level of motivation? Now?	
	SI4:145	Tiago My present level of motivation is just stability, just to keep myself	a) Motivated to keep personal stability (Tiago/
	SI4:146	stable.	SI4:145-146)
			b) Stability a recurring, significant factor (Tiago/
			SI4:1-142)
	SI4:147	MT: Is there any difference, do you feel that Music Therapy has any	
	SI4:148	effect on your emotions?	
	SI4:149	Tiago Well, not necessarily to my emotions, it's to my ears, haha, it's	a) MTy: Emotionally untouched (Tiago/SI4:149)
	SI4:150	just anything which sounds good makes me dance for example. Doesn't	b) MTy: Affords experiences of feeling good,
	SI4:151	necessarily emote me	wanting to dance (Tiago/SI4:149-150)
	SI4:152	MT: I see what you're saying.	
8.1	SI4:153	- Can you describe how you felt about the sessions ending?	



ā	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI4:154	Tiago Well it was quite fun, it was just abiding to a stabilitated space	a) Significant relating of MTy with 'stabilitated
	SI4:155	and time. The two months quite fun enjoyable, as a group. And uh, I	space and time' (Tiago/SI4:154-156)
	SI4:156	really enjoyed it.	b) Associates fun with stability (Tiago/
			SI4:154-156)
			c) MTy: Afforded experience of stability (Tiago/
			SI4:154-156)
			d) MTy: Appreciated predictability of therapy
			space, group 'abiding' (Tiago/SI4:142)
			e) MTy: Really enjoyable (Tiago/SI4:154-156)
	SI4:157	MT: Thanks.	
9.1	SI4:158	- Would you recommend others do group Music Therapy sessions in the	
	SI4:159	future, (and why)?	
	SI4:160	Tiago Yes I would recommend someone to join in a music group, a	a) Affably stated, with warmth (Tiago/SI4:160)
	SI4:161	music gang and so forth.	b) MTy: Worthwhile, recommendable (Tiago/
			SI4:160)
	SI4:162	MT: Can I ask why you would?	
	SI4:163	Tiago Well it's fun to play music, it's enjoyable to play, to create music. I	a) MTy: Offers creative fulfilment
	SI4:164	believe it's enjoyable to create music.	
10.1	SI4:165	MT: Thanks Is there anything else you want to add? To our	
	SI4:166	conversation, concerning the music sessions?	

SI4:167 Tiago Well, nah, nothing, nothing I would add. Umm. SI4:168 MT: Thank you very much being a part of the Music Therapy sessions. It SI4:169 was a pleasure getting to know you a little bit. a) Said frankly, with eye contact, handsh SI4:170 Tiago Ok. Thank you Bruce. (Tiago/SI4:170) b) Use of my name for the first time (Tiago SI4:170) INTERVIEW END	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
MT: Thank you very much being a part of the Music Therapy sessions. It was a pleasure getting to know you a little bit. Tiago Ok. Thank you Bruce. INTERVIEW END		SI4:167	Tiago Well, nah, nothing, nothing I would add. Umm	
was a pleasure getting to know you a little bit. Tiago Ok. Thank you Bruce. INTERVIEW END		SI4:168	MT: Thank you very much being a part of the Music Therapy sessions. It	
Tiago Ok. Thank you Bruce. INTERVIEW END		SI4:169	was a pleasure getting to know you a little bit.	
		SI4:170	Tiago Ok. Thank you Bruce.	a) Said frankly, with eye contact, handshake
				(Tiago/SI4:170)
				b) Use of my name for the first time (Tiago/
INTERVIEW END				SI4:170)
			INTERVIEW END	



Appendix Q (SI5, with coding - Thukile):

7	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:1	MT: - How have you experienced making music together in the	Questions start after greetings and
	SI5:2	sessions?	pleasantries. Thukile presents with
			significantly disorganised thought. I have
			consequently speculated on the intended
			meanings where appropriate.
	SI5:3	Thukile: No music, I'm experience, a good exchange, just a	a) Engaging, using hand gestures (Thukile/SI5:3)
	SI5:4	maybe to read it to the book, and do music.	b) MTy: A good experiential exchange (Thukile/
			SI5:3)
	SI5:5	MT: How did you feel about doing the Music Therapy?	
	SI5:6	Thukile: No, I feel alright, yes. The way back ago the music was	a) MTy: Feels alright [good] (Thukile/SI5:6)
	SI5:7	paying money	
1.2	SI5:8	MT: - Is the anything that stands out for you, anything that gets	
	SI5:9	your interest about what we did in the music?	
	SI5:10	Thukile: No, I don't think so badly. Otherwise I think that when I do	a) Doing MTy engenders feeling of being alright,
	SI5:11	music, I'm going right.	going well (Thukile/SI5:10-11)
			a) Initially good conversational rapport, eye
			contact and responsiveness (Thukile/SI5:10-11)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
د .	SI5:12	MT: Ok.	
	SI5:13	- Can you use any five words about the music, so let's say, you	
	SI5:14	know we were talking about soccer. We say run, jump [Thukile:	
	SI5:15	Ok, ok, ok], we kick, can you tell me any five words about the	
	SI5:16	music?	
	SI5:17	Thukile: Ja about the music and maybe them we apply six of	a) Enjoyed workshopping poems into song
	SI5:18	music, yes. And written there, I writen there only to see, it's my	(Thukile/SI5:18-19)
	SI5:19	music for me. Ja. Maybe I'm doing music then other guys is sing	b) MTy: Mutuality of musical exchanges, turn
	SI5:20	that music, the same Is the same	taking (Thukile/SI5:19-20)
	SI5:21	[Switches to Afrikaans]	c) MTy: Creative space to play together (Thukile/
	SI5:22	to nice but good to make him. To take a little to manage to sing.	SI5:19-20)
			d) MTy: 'Good' space for group music (Thukile/
			SI5:22)
4.1	SI5:23	MT: Ok I see.	
	SI5:24	- Can you tell me about the kind of music that we played together?	
	SI5:25	Thukile: Ja kind of music soft music, there we sing reggae,	a) Soft music (Thukile/SI5:25)
	SI5:26	there you sing old ones, in music. And then we we sing another we	b) Reggae music (Thukile/SI5:25)
	SI5:27	call the local one. No I just get that points in.	
1.5	SI5:28	MT: - Can you tell me some things that you did like in the sessions,	
	SI5:29	and some things that you did not like?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:30	Thukile: No! They disappointed in the music, maybe is the woman	MT: Unsure of meaning (Thukile/SI5:30-32)
	SI5:31	never trusting me. I'm looking after that. They are not good for	
	SI5:32	me.	
	SI5:33	MT: Who?	a) MT: Attempting to establish more common
			ground (MT/SI5:33)
	SI5:34	Thukile: Maybe there we singing the, in the place we call eh,	b) MTy: Space of no correction (Thukile/SI5:35-37)
	SI5:35	sport sport of music. There we are not corrected accordingly,	
	SI5:36	then maybe we are talking to the woman, who doesn't know what	
	SI5:37	can explain according music, um.	
2.1	SI5:38	MT: Thanks.	
	SI5:39	- How would you describe how you feel normally?	
	S15:40	Thukile: No. I'm just to getting, is a disappointed of to be don't	a) Feels authentic, true expression of self (Thukile/
	SI5:41	know maybe, know. That's all. Disappointed of otherwise to know	SI5:40-43)
	SI5:42	maybe to be don't know. There explaining to be me , I'm not	b) Feelings of disappointment (Thukile/SI5:40-41)
	SI5:43	good enough.	c) Explaining what it is like to be him (Thukile/
			SI5:40-41)
			d) 'I'm not good enough' (Thukile/SI5:40-41)
3.1	SI5:44	MT: - And how do you feel now during the music sessions? About	
	SI5:45	your state of	



S15:45 Thukile: No, I'm enjoy very beautiful according to do music, a) Also authentic, but clear contrast answer (Thukile/SI5:44-45) S15:45 between one anothers. b) MTy: Beauty and feeling joy thromusic thukile: No. I was love music, until the time we are young, the old that it indicates the peak of an ans show us music, until the time we are young, the old that it indicates the peak of an ans show us music, there we go to school, and then we have a then there's a situation of us eth, we must be do that music. And S15:55 a) Childhood reflection of the love (Thukile/SI5:44-45) S15:56 mans show us music, there we go to school, and then we have a then there's a situation of us eth, we must be do that music. And S15:55 c) Positive music experience (Thukile/SI5:49) S15:57 then there's a situation of us eth, we must be do that music. d) Installed love of music, must consider S15:56 MT: - Thank you. Did the music therapy help you in any way? a) Question 4.1 unresponsive, still memory (Thukile/SI5:54-55) 4.2 S15:56 MT: - No but, yes thank you, I understand that. But I'm saying did it slice? a) Question 4.2 unresponsive, still memory (Thukile/SI5:58-55) S15:56 MT: No but, yes thank you, I was attending sideways you, music eh, there we slice h, we getting money a) Question 4.2 unresponsive, still memory (Thukile/SI5:58-55) S15:56 jiving for music eh, we getting money a) Augustion 4.2 unresponsive, still memory (Thukile/SI5:58-55)	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
S15:45 between one anothers. S15:48 MT: - Ok. Could you say anything more about why you enjoy it? S15:49 Thukile: No, I was love music, until the time we are young, the old s15:50 mans show us music, there we go to school, and then we have a s15:51 friends who go around, and friends there we do our music. And s15:52 then there's a situation of us ehh, we must be do that music, s15:53 because we started at the time we are younger S15:54 MT: - Thank you. Did the music therapy help you in any way? S15:55 Thukile: Maybe there we go to the disco, outside S15:56 MT: - No but, yes thank you, I understand that. But I'm saying did it s15:57 help you inside, how you feel? S15:58 Thukile: No, I was attending sideways you, music eh, there we s15:59 jiving for music eh, we getting money S15:50 MT: You jiving for music?		SI5:44		a) Also authentic, but clear contrast with previous
SI5:48 MT: - Ok. Could you say anything more about why you enjoy it? SI5:49 Thukile: No, I was love music, until the time we are young, the old SI5:50 mans show us music, there we go to school, and then we have a SI5:51 friends who go around, and friends there we do our music. And SI5:52 then there's a situation of us ehh, we must be do that music, SI5:53 because we started at the time we are younger SI5:54 MT: - Thank you. Did the music therapy help you in any way? SI5:55 Thukile: Maybe there we go to the disco, outside SI5:56 MT: - No but, yes thank you, I understand that. But I'm saying did it SI5:57 help you inside, how you feel? SI5:58 Thukile: No, I was attending sideways you, music eh, there we SI5:59 jiving for music eh, we getting money SI5:50 MT: You jiving for music?		SI5:45	between one anothers.	answer (Thukile/SI5:44-45)
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S15:50 mans show us music, there we go to school, and then we have a S15:51 friends who go around, and friends there we do our music. And S15:52 then there's a situation of us ehh, we must be do that music, S15:53 because we started at the time we are younger S15:54 MT: - Thank you. Did the music therapy help you in any way? S15:55 Thukile: Maybe there we go to the disco, outside S15:56 MT: - No but, yes thank you, I understand that. But I'm saying did it S15:57 help you inside, how you feel? S15:56 Thukile: No, I was attending sideways you, music eh, there we S15:58 jiving for music eh, we getting money S15:50 MT: You jiving for music?		SI5:49	Thukile: No, I was love music, until the time we are young, the old	a) Childhood reflection of the love of music
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 S15:56 MT: - No but, yes thank you, I understand that. But I'm saying did it S15:57 help you inside, how you feel? S15:58 Thukile: No, I was attending sideways you, music eh, there we S15:59 jiving for music eh, we getting money S15:60 MT: You jiving for music? 		SI5:55	Thukile: Maybe there we go to the disco, outside	a) Question 4.1 unresponsive, still in activated
 S15:56 MT: - No but, yes thank you, I understand that. But I'm saying did it S15:57 help you inside, how you feel? S15:58 Thukile: No, I was attending sideways you, music eh, there we S15:59 jiving for music eh, we getting money S15:60 MT: You jiving for music? 				memory (Thukile/SI5:54-55)
help you inside, how you feel? Thukile: No, I was attending sideways you, music eh, there we jiving for music eh, we getting money MT: You jiving for music?	4.2	SI5:56	MT: - No but, yes thank you, I understand that. But I'm saying did it	
Thukile: No, I was attending sideways you, music eh, there we jiving for music eh, we getting money MT: You jiving for music?		SI5:57	help you inside, how you feel?	
jiving for music eh, we getting money MT: You jiving for music?		SI5:58	Thukile: No, I was attending sideways you, music eh, there we	a) Question 4.2 unresponsive, still in activated
MT: You jiving for music?		SI5:59	jiving for music eh, we getting money	memory (Thukile/SI5:58-59)
		SI5:60	MT: You jiving for music?	a) MT: Validating memories accessed (MT/SI5:60)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:61	Thukile: Ja I was.	
	SI5:62	MT: So, the music that we did, us with me and you	a) Moving back towards interview
			questions(Thukile/S15:62)
	SI5:63	Thukile: Yeah we was having a gangster we call eh, in our friends	a) Poor conversational flow, no
	SI5:64	eh, we was we call our music ZA Vibration (?).	intercommunicative synchrony (Thukile/SI5:63-64)
			b) Consistent eye contact, and varied vocal
			inflection (Thukile/SI5:63-64)
			d) Agency in continuing story (Thukile/S15:63-64)
			e) More lucid thought, through retelling (Thukile/
			SI5:63-64)
			f) Thukile's band name 'ZA Vibration' (Thukile/
			SI5:63-64)
	SI5:65	MT: And what does the Vibration do?	
	SI5:66	Thukile: No we dance. We dance and sing.	a) Congruency of reply relating to music (Thukile/
			SI5:66)
5.1	SI5:67	MT: - Thanks. What was it like to make music with this group? You	
	SI5:68	know Lonwabo Larry	
	SI5:69	Thukile: No I can just to sing, I can just to sing, we sing and	a) MTy: Opportunity to sing, and sing with others
	SI5:70	another, to be don't change our friends, because our friends there	(Thukile/SI5:69-70)
	SI5:71	we dance and do money.	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
5.2	SI5:72	MT: - How did you experience yourself in our music group?	
	SI5:73	Thukile: Ja sometimes I'm taking only one music alone	a) MTy: Affords soloist opportunity for expression
			(Thukile/SI5:73)
			b) Alone, loneliness in making music (Thukile/
			SI5:73)
	SI5:74	MT: You're doing it all alone?	
	SI5:75	Thukile: I was doing it, take a guitar and play music.	a) Agency in initiating playing own instrument
			(Thukile/SI5:69-70)
	SI5:76	MT: That's true hey? But you did it strongly huh?	a) MT: Conveying admiration in aid of rapport
			(Thukile/SI5:76)
	SI5:77	Thukile: I was strong enough otherwise eh, then we get a little bit	a) More conversing, interrelating (Thukile/
	SI5:78	sing, when the timing go.	SI5:77-78)
			b) MTy: Afforded personal strength in leadership
			(Thukile/SI5:77-78)
			c) MTy: Development of music performances
			(Thukile/SI5:77-78)
6.1	SI5:79	MT: - How did you experience communicating with others in the	
	SI5:80	group?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:81	Thukile: No, it was enough, we was enough, we needed to see	a) MTy: Affords communication (Thukile/SI5:81-84)
	SI5:82	who know to the check out, to our check up mm. As how, how can	b) MTy: Non-corrective space (Thukile/SI5:81-84)
	SI5:83	I explain them on music, according to the corrected, what they	c) MTy: Place where one plays the self, not
	SI5:84	know about	something that anyone else can explain (Thukile/
			SI5:81-84)
6.2	SI5:85	MT: - And has anything changed in the way you feel about the	
	SI5:86	other members of the group?	
	SI5:87	Thukile: I was feeling alright long.	a) Rapport still interactive (Thukile/SI5:87)
6.3	SI5:88	MT: - So I'm saying, before the music, to after the music therapy -	
	SI5:89	was anything changed?	
	SI5:90	Thukile: [<i>Laughing</i>] Don't change for you	a) Maintaining personal agency (Thukile/SI5:90)
7.1	SI5:91	MT: Ok.	a) MT: Acknowledging perceived agency (MT/
	SI5:92	- Can you say anything about your general level of motivation in	SI5:90)
	SI5:93	daily life?	
	SI5:94	Thukile: Oooh. When I'm remember according general of guys, of	a) 'General' triggers unrelated memory (MT/
	SI5:95	to call General Bantu. General Bantu who was another one in the	SI5:94-96)
	SI5:96	Ciskei. According we call that one was a PAC, I'm still remember.	
7.2	SI5:97	MT: - Thank you. Can you say anything about your motivation in	a) MT: Acknowledges side-tracked answer but
	SI5:98	the music therapy sessions has it changed, has the music	continues as per SI5 (MT/SI5:97-99)
	SI5:99	helped your motivation, to become stronger?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:100	Thukile: Ja it's true. Otherwise I'm not perfect, in fact when I'm	a) Interrelating re-established (Thukile/
	SI5:101	taking guitar, and I don't know what's going on.	SI5:100-101)
			b) Feels like an authentic response (Thukile/
			SI5:100-101)
			c) MTy: Facilitates more organisation, when
			playing guitar (Thukile/SI5:100-101)
			d) MTy: Strengthening of motivation (Thukile/
			SI5:100-101)
7.3	SI5:102	MT: - Has the music therapy made your will power weaker?Or	
	SI5:103	stronger?	
	SI5:104	Thukile: No I was weak, sometimes.	a) Weakness of will (Thukile/SI5:104)
8.1	SI5:105	MT: - Can you describe how you felt about us finishing, coming to	
	SI5:106	an end? We did eight sessions, [counting] one, two, three, four,	
	SI5:107	five , six , seven , eight - finished! How did you feel about	
		finishing?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI5:108	Thukile: Oh, finishing, then we taking eight music, then we sing,	a) MTy: Process of following each others music
	SI5:109	eight music. and then I'm getting, I'm finish to overlap music um,	(Thukile/SI5:108-113)
	SI5:110	six of music um. I'm calling that music we, we call it, is a name of	
	SI5:111	another one, we, we sing that music um. And getting the right	
	SI5:112	side, maybe womans sing, maybe men is sing, they go side. I will	
	SI5:113	follow your music um.	
	SI5:114	MT: Are you happy or sad that the music came to an end?	
	SI5:115	Thukile: Ja.	
	SI5:116	MT: Which one happy or sad?	
	SI5:117	Thukile: No, I just understand you. I'm perfect according to sing	a) MTy: Feeling perfect when singing music
	SI5:118	music um.	(Thukile/SI5:117-118)
9.1	SI5:119	MT: - Would you recommend others do group music therapy?	
	SI5:120	Thukile: Ja! We was in there, after you, we was going in	a) Spontaneous feeling, exclamatory (Thukile/
	SI5:121	therapist music. Then we go there and we sing with another three	SI5:120)
	SI5:122	womans. We was having three womans there.	b) MTy: Worthwhile for others (Thukile/
			SI5:120-122)
	SI5:123	MT: Was it nice?	
	SI5:124	Thukile: Ja. Three of them.	a) MTy: Beneficial in different contexts(Thukile/
			SI5:123)

g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
10.1	SI5:125	MT: - Is there anything else you want to tell me about the music	
	SI5:126	SI5:126 therapy?	
	SI5:127	Thukile: Mm-m. I can say I'm finished now!	a) Declarative statement, sense of
			accomplishment (Thukile/SI5:127)
			b) MTy: Can be a defined process, a satisfying
			conclusion (Thukile/SI5:127)
	SI5:128	MT: Ok thanks very much.	
		INTERVIEW END	
			7

Appendix Q (SI6, with coding - Andrew):

<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
1.1	SI6:1	MT: - Okay how have you experienced making music together in	Questions start after greetings and
	SI6:2	the sessions that we did?	pleasantries. Andrew presents with
			significantly disorganised thought. I have
			consequently speculated on the intended
			meanings where appropriate.
	SI6:3	Andrew: I dearly/didn't, really loves it	a) Answers readily and sincerely, makes eye
			contact (Andrew/SI6:3)
			b) Exceedingly varied vocal inflection, almost a
			singing response (Andrew/SI6:3)
			c) MTy: Engenders an extremely ebullient
			response (Andrew/SI6:3)
			d) MTy: Affords opportunity to love doing
			(Andrew/SI6:3)
	SI6:4	MT: You didn't?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:5	Andrew: Yes, I really loves music. [In Afrikaans:] I love it.	a) Emphatic response, wanting to be understood
			(Andrew/SI6:5)
			b) MTy: Opportunity for engagement in something
			that the client loves, dearly loves (Andrew/SI6:3)
	9:918	MT: Oh, you really love it [Smiling]	
	SI6:7	Andrew: Because there for me, it's for me, it's a, music is a, is a, is	a) Continues in his highly expressive tone
	8:918	music who let people think about things in the world,	(Andrew/SI6:7)
	8:918	and they, they, they wishes is there	b) Music inspires thinking (Andrew/SI6:8)
	SI6:10	And also, they, they they they people when they listen that	c) Music carries the dreams of people (Andrew/
	SI6:11	music they, they gonna be feel proud [strongly emphasised],	SI6:9)
	SI6:12	because they the music on it, everything is dif difficult music of	d) Music engenders strong pride under difficult
	SI6:13	other lands.	circumstances (Andrew/SI6:10-12)
	SI6:14	That's why the people who bring the music in the land The first	e) Fairly philosophical concepts considered
	SI6:15	man, it's I myself.	(Andrew/SI6:7-16)
	SI6:16	That why people, they talked about Peter Tosh, people talked	
		about Bob Marley.	
	SI6:17	MT: Bob Marley	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:18	Andrew: Is what one, I was difficult man, in the land who bring	a) 'Bringing' and 'making' of highly meaningful
	SI6:19	all that music, all that names Michael Jackson's name, is I	music (Andrew/SI6:20-22)
	SI6:20	myself.	b) Element of 'giving birth' as creating music
	SI6:21	Know the people know it, but they gonnathey gonna close my	(Andrew/SI6:23-24)
	SI6:22	eyes and other people's eyes with the music man who make it in	c) Music affords agency of creation to the creator
	SI6:23	the world and bring it in the world.	(Andrew/SI6:23-24)
	SI6:24	That why I love the music, I myself. Because I make it, I bring it in	
		the world.	
1.2	SI6:25	MT: - OK. I see. Thanks. And in the sessions that we did together,	
	SI6:26	what stands out for you in the music that we played?	
	SI6:27	Andrew: I I loved really that music.	a) Heartfelt reiteration of love for the MTy process
			undertaken (Andrew/SI6:27)
	SI6:28	MT: Which one?	a) MT: Motivating for more details (MT/SI6:28)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:29	Andrew: Um, that one, um	a) Distracted, looking sideways now (Andrew/
	SI6:30	AH, my daddy	SI6:29)
	SI6:31	He comes he don't come to me and I don't see my mother and	Highly aggrieved, and in a saddened state
	SI6:32	father and my brothers and sisters.	
	SI6:33	Because why, there's alwayswhen I , here in Valkenberg. My	
	SI6:34	mother is there [points left]	
	SI6:35	my brother is there [points right]. My father is gonna be there	
	SI6:36	[points behind?]	
	SI6:37	Also THIS [gestures wide]. I gonna be here.	
	SI6:38	My heart/hurt is full of pain because why, it is a shock for me,	
	SI6:39	when I hear it.	
	SI6:40	An I sit here in Valkenberg hospital. And now, the other thing is this:	
	SI6:41	I feel I feel now strong. And also, I was ill but now when I come	
	SI6:42	and I tell the the doctors, I feel like a man who can go now out.	
	SI6:43	Back to my home.	
	SI6:44	The doctors don't sign it, on my lab on my lab That that guy is,	
	SI6:45	he feel, like a man who can go outside, out now.	
	SI6:46	MT: Yes yes yes	a) MT: Attempting to steer back to the interview
			(MT/SI6:29)



\$16:47 Andrew: There in his home, where he stay. \$16:48 MT: - Ja. If's tough [Pauses] Can you tell me if you use just five site.49 a) MT: - Sympat site.49 \$16:50 Andrew: [Interjects] Five? a) Interjection \$16:51 MT:to say how you experienced music in this group?In music (Andrew/SI6:5 \$16:52 therapy - five words. (Andrew/SI6:5 \$16:53 Andrew: [Afrikaans] The people were very good. [Stops talking] (Andrew/SI6:55) \$16:54 MT: [Afrikaans] The people were very good. Ok thank you, I see a) MT: Acknow \$16:55 MT: [Afrikaans] The people were very good. Ok thank you, I see a) MT: Acknow \$16:56 what you are saying. But what I meant was five words like maybe: (MT/SI6:55) \$16:57 lucky, angry. Do you understand? Five words about the Therapy b) MT: Creating the because the singing was very \$16:59 me, because the singing was very SI6:50 b) MTy: Afford \$16:60 for me, happiness. Because men also get a gang, comes up with the both of the properties of the singing was very s) MT; Eleving Si6:62 \$16:61 MT: [Afrikaans] OK so one word there is sing a) MT; Filtering Si6:62 \$16:62 Andrew: [Afrikaans] Sing?	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
 SI6:48 MT: - Ja. It's tough [Pauses] Can you tell me if you use just five si6:49 words SI6:50 Andrew: [Interjects] Five? SI6:51 MT:to say how you experienced music in this group?In music si6:52 therapy - five words. SI6:52 Andrew: [Afrikaans] The people were very good. [Stops talking] si6:54 SI6:55 MT: [Afrikaans] The people were very good. Ok thank you, I see si6:56 what you are saying. But what I meant was five words like maybe: si6:56 what you are saying. But what I meant was five words like maybe: si6:57 lucky, angry. Do you understand? Five words about the Therapy SI6:58 Andrew: [Afrikaans] The men in the music therapy together with si6:59 me, because the singing was very SI6:60 for me, happiness. Because men also get a gang, comes up with si6:61 music, men. SI6:62 MT: [Afrikaans] OK so one word there is 'sing' SI6:63 Andrew: [Afrikaans] Sing? 		SI6:47	Andrew: There in his home, where he stay.	
Mnt:to say how you experienced music in this group?In music therapy - five words. Andrew: [Afrikaans] The people were very good. [Stops talking] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?	1.3	SI6:48	MT: - Ja. It's tough [Pauses] Can you tell me if you use just five	a) MT: Sympathetic, but must redirect (MT/SI6:48)
Andrew: [Interjects] Five? MT:to say how you experienced music in this group?In music therapy - five words. Andrew: [Afrikaans] The people were very good. [Stops talking] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe:: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:49	words	
MT:to say how you experienced music in this group?In music therapy - five words. Andrew: [Afrikaans] The people were very good. [Stops talking] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:50	Andrew: [Interjects] Five?	a) Interjection accompanies more present focus
MT:to say how you experienced music in this group?In music therapy - five words. Andrew: [Afrikaans] The people were very good. [Stops talking] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?				(Andrew/SI6:50)
Andrew: [Afrikaans] The people were very good. [Stops talking] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:51	MT:to say how you experienced music in this group?In music	
Andrew: [Afrikaans] The people were very good. [<i>Stops talking</i>] MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:52	therapy - five words.	
 MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing? 		SI6:53	Andrew: [Afrikaans] The people were very good. [Stops talking]	
 MT: [Afrikaans] The people were very good. Ok thank you, I see what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing? 		SI6:54		
what you are saying. But what I meant was five words like maybe: lucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:55	MT: [Afrikaans] The people were very good. Ok thank you, I see	a) MT: Acknowledgement in the new language
Iucky, angry. Do you understand? Five words about the Therapy Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:56	what you are saying. But what I meant was five words like maybe:	(MT/SI6:55)
Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:57	lucky, angry. Do you understand? Five words about the Therapy	b) MT: Repeating the phrase affirmatively (MT/
Andrew: [Afrikaans] The men in the music therapy together with me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?				SI6:55)
me, because the singing was very for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:58		a) MTy: Creative space where 'the men' sing
for me, happiness. Because men also get a gang, comes up with music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		816:59	me, because the singing was very	together (Andrew/SI6:58-61)
music, men. MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:60	for me, happiness. Because men also get a gang, comes up with	b) MTy: Affords a state of happiness (Andrew/
MT: [Afrikaans] OK so one word there is 'sing' Andrew: [Afrikaans] Sing?		SI6:61	music, men.	SI6:58-61)
Andrew: [Afrikaans] Sing?		SI6:62	MT: [Afrikaans] OK so one word there is 'sing'	a) MT: Filtering 'sing' as first word our of five (MT/
				SI6:62)
		SI6:63	Andrew: [Afrikaans] Sing?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:64	MT: [Afrikaans] Yes	
	SI6:65	Andrew: [Afrikaans] From the gang From the gang.	a) MT: Freely swopping languages, difficulty in
	SI6:66	[Unintelligible] What [English] makes music And other, other	understanding him regardless (MT/SI6:65-68)
	SI6:67	times, long time ago in his ears. That have for, for, for	
	SI6:68	[Afrikaans] how can I say it in English he forgot it?	
	816:69	MT: Hmmm Vergeet dit: he forgot it.	
	SI6:70	Andrew: He forgot.	a) MT: Finding points of intersection in the process
			(MT/SI6:70)
4.	SI6:71	MT: - Can you tell me about what kind of music we played, in the	
	SI6:72	group?	
	SI6:73	Andrew: It was rock n Roll, it was underground, it was, it was	a) MT: Simple question helps to anchor (MT/
	SI6:74	blues. It was jazz. It was , was also the last onethe people	SI6:73)
	SI6:75	can, can, can um that was gospel. Gospel! That's the one.	b) Sense of fondness remembering the sessions
	SI6:76	Gospel.	(Andrew/SI6:73-76)
1.5	SI6:77	MT: - Right thanks. Um, Can you tell me some things that you did	
	SI6:78	and did not like in the sessions, about what we did in the music.	
	SI6:79	First maybe, what did you not like?	
	SI6:80	Andrew: I like all of that. I was like all of that.	a) Sessions wholly enjoyed (Andrew/SI6:80)
	SI6:81	MT: Anything that you did not like?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:82	Andrew: No! I can't tell you that I don't like other peoples music	a) Strongly makes point (Andrew/SI6:82)
	SI6:83	who bring it up, with me in the band. Because it is band people	b) MTy: engenders loyalty (Andrew/SI6:82-84)
	SI6:84	who play with me.	c) MTy: Enjoying co-musicing (Andrew/S16:82-84)
	SI6:85	MT: Sure. Ok thank you	
	SI6:86	Andrew: That's why I feel proud about them. I'm gonna be love	a) Authentic expression of emotion (Andrew/
	SI6:87	them.	SI6:86-87)
			b) MTy: Space where pride and love can grow
			(Andrew/SI6:86-87)
2.1	SI6:88	MT: - Sure [Smiles] Now I want to ask you, how would you	
	816:89	describe your emotional state normally? How would you describe	
	SI6:90	how you feel, normally?	
	SI6:91	Andrew: Because?	a) Questioning non-music related direction
			(Andrew/SI6:91)
	SI6:92	MT: You said earlier that you're not, you're not, happy here. but	
	SI6:93	Andrew: I'm not happy here because why, I am from, I, I, I am	a) Expressing unhappiness as normal state
	SI6:94	from home, and others brothers and sisters there, they are now in	(Andrew/SI6:93-97)
	SI6:95	Oudshorn. Because why is is long, is long distance from here	
	SI6:96	and, and I'm think how long I'm staying on now in Valkenberg	
	SI6:97	hospital	
	86:918	MT: Ya. So would you say that you're feeling sad? Or is it	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	816:99	Andrew: I feel sad! I feel not proud(?). When I gonna feel proud	a) Sadness, lack of self-worth, stagnation - linked
	SI6:100	then ons is done with my case, is over. Then after all, then where I	to hospitalisation (Andrew/SI6:99-106)
	SI6:101	go and I see I'm going to home now today, then can be feel proud.	
	SI6:102	And say hey! Is it my time now, is over? It's long time what I stay in	
	SI6:103	this place. But now I'm going, I'm feel like a, I'm feel like a man who	
	SI6:104	was free. And that is difficult from this, here what I do here, but	
	SI6:105	If I'm here I feel like a man who are in jail. [Points out window] If I	
	SI6:106	feel like a man who are, are, are in the freedom. [Stops]	
3.1	SI6:107	MT: - Good thanks. Tell me something, now you've just told me	
	SI6:108	how you feel normally - you're feeling a little bit sad, and a little bit	
	SI6:109	angry, because you're stuck here in Valkenberg for a long time.	
	SI6:110	Can you tell me how did you feel during the time we played music.	
	SI6:111	I want to see, is there a difference between	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:112	Andrew: When, when, when when the music was made from our	a) MTy: Creates freedom within difficult
	SI6:113	band, with master. And then I'm gonna be feel like a man who are	b) circumstances (Andrew/SI6:112-114)
	SI6:114	in in in in the outside, in the outside that I do. That why I love	c) MTy: Addresses love of creating music
	SI6:115	music, that why I bring it in the world. I make me not it make me	(Andrew/SI6:114-115)
	SI6:116	not about think violence, or anything you can do wrong things,	d) MTy: Creates a safe space, free of violent
	SI6:117	some to people. Who respect other people, another one and	impulses (Andrew/SI6:115-121)
	SI6:118	another one and do not things people, who people don't like it	e) MTy: Diversion of negative thoughts and
	SI6:119	what I must do I'm a big man and the people must only love me,	emotions (Andrew/SI6:115-121)
	SI6:120	that why, that why I told the music is good for me to go to music	
	SI6:121	also	
	SI6:122	But sometimes you must look out for people who gonna be do	
	SI6:123	wrong in the band not the band people, the people who come to	
	SI6:124	the, to the, to listen.	
	SI6:125	MT: Must be careful?	
	SI6:126	Andrew: Careful of them.	a) MT: Healthy rapport and relating (MT/
			SI6:112-114)
3.2	SI6:127	MT: - So you say, the music had an effect on you so it made you	
	SI6:128	feel that you can connect with the outside world, like you can be	
	SI6:129	um tell me a bit more about how the music makes you feel?	
	SI6:130	Andrew: It make, make me, it make me strong!	a) MTy: Affords strength (Andrew/SI6:130)



₫	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
4.1			
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4.2			
	SI6:131	MT: Strong thanks. Now I want to ask what was it like for you to, to	
	SI6:132	make music with this group that we had, you know we were you,	
	SI6:133	we were with Lonwabo, with Rocco You know everybody that	
5.1	SI6:134	was there How did you feel about making music with them?	
	SI6:135	Andrew: I was very proud about them, because the music of them	a) Proudness of participants achievements
	SI6:136	is music who every people can like it but there is something in the	(Andrew/SI6:135)
	SI6:137	music of him! Who make it difficult, understanding of black and	b) Appealing quality to the group music (Andrew/
	SI6:138	coloured, music and white.	SI6:135-136)
	SI6:139	MT: Is it?	a) MT: Testing if the client wants to explore this
			(MT/SI6:139)
	SI6:140	Andrew: Yes.	
	SI6:141	MT: So are you saying black and coloured and white, that there is a	
	SI6:142	difficulty	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:143	Andrew: It is a difficult. But if you are a coloured, and this is a	a) Quality invoked of equality before 'the
	SI6:144	black man, and this is a white man and you are in the same band,	voice' (Andrew/SI6:143-145)
	SI6:145	and you listen unto the voice, or, or, or the band who gonna start	b) Begins speaking slightly quicker and the words
	SI6:146	on 8o'clock or so on to, to, and out on 6 o'clock then next morning,	merge, comprehension difficult (Andrew/
	SI6:147	it is too long! On 12 o'clock, on 2 o'clock it is a, it is a, how can I tell	SI6:143-151)
	SI6:148	younow to bring it in? In life. Is now jol (party) is out but	
	SI6:149	[Afrikaans] do the, the, the dance is not yet out, but the band are	
	SI6:150	not out How do they call it now master? If they stop now, and	
	SI6:151	then start going again? To the morning and then again	
	SI6:152	MT: Ok. So is it a problem for you?	a) MT: Referring to the "difficulty' expressed
			(Andrew/SI6:152)
	SI6:153	Andrew: No it's not a it, for me it's not a problem to make	a) Comfort in the creation of music (Andrew/
	SI6:154	music	SI6:153-154)
	SI6:155	MT: With other people? That are black white, colouredor	a) MT: Facilitating expression of world view (MT/
	SI6:156	Do you think music is different for coloured people and black	SI6:155-157)
	SI6:157	people and for white people? Or is it just music is different for	
		everyone?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:158	Andrew: My voice and the man's voice is not one and the same. Is	a) Concept of all having different voices (Andrew/
	SI6:159	gonna be different music sounds you can make it and that man	SI6:158-159)
	SI6:160	he knows what he makes in the band. What is his opportunity to do	b) MTy: Equally valid voices have opportunity to
	SI6:161	it, and what his songs is meaning.	be meaningful (Andrew/SI6:159-161)
5.2	SI6:162	MT: - Ah thank you. And you yourself, how did you feel, you know	
	SI6:163	if you look at yourself in the group? Do you feel that you are with	
	SI6:164	the other people, that you were communicating with them	
		Musically?	
	SI6:165	Andrew: When the, when I see them around side, and, and I	a) MTy: Safe space where 'there is no violence in
	SI6:166	gonna, master is gonna be star, the first man, the main man of the	the joy' (Andrew/SI6:169-170)
	SI6:167	band, who are to recognise him, to really let it go forward, to start	b) MTy: Joyful place
	SI6:168	with the music. It's let me think about I think about a band	
	SI6:169	around say, on me, who are back in now here by me. There's no	
	SI6:170	violence. And there's no violence in the joy.	
	SI6:171	MT: Right. No violence in the joy.	a) MT: Affirming towards further expression (MT/
			SI6:171)
	SI6:172	Andrew: Because I, that's hang, that it's hang on or from the band,	
	SI6:173	people who bring the music and who gonna play nice music.	
6.1	SI6:174	MT: - Tell me, how did you experience communicating with others	
	SI6:175	in the group? You know	

g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:176	Andrew: No Um	
	SI6:177	MT: Not much?	
	SI6:178	Andrew: Not much, certainly.	
6.2	SI6:179	MT: - So how do you usually talk to them in the ward, or relate to	
	SI6:180	them in the ward. Has anything changed now after the music	
	SI6:181	therapy. Are you more friends with some of the guys that we had	
	SI6:182	the music therapy with?	
	SI6:183	Andrew: Because when you can't, in a band talk, you can't trust	a) Not comfortable communicating outside
	SI6:184	the other band, in the band. Somebody has jaloos [jealousy] for	therapy (Andrew/SI6:183-185)
	SI6:185	you. In the band. It bring more problems in your life.	
	SI6:186	MT: If you what?	



S16:187Andrew: If you are a man who, who, who make music who, anda) Acted out, perS16:188the people also love you, they gonna go AAAAAAAAAHHH!S16:187-198)S16:189[cheering]. They gonna be made AAAAHHH, AAAAHHH. AlsoS16:190this. Now that other advice ja that guy uh uh. Also that guy, thatS16:191guy. Uh uh.S16:192And what about our others? But that guys know, he listen at hisS16:193drummer, and there is the man you can listen in the keyboard. It isS16:194also there, when it, by this, the microphone. He gonna be fanningS16:195up. And also that songs about that and the guys is also there! ItS16:196make the band on fire! [Afrikaans] He makes it hot! In other wordsS16:197as they say 'fuck, that men are good!' Those men tonight comes inS16:198performance.S16:199MT: Ok. So do you feel that the others are jealous of you?	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
the people also love you, they gonna go AAAAAAAAAAAAAHHH! [Cheering]. They gonna be made AAAAHHH, AAAAHHH. Also this low, this now that other advice ja that guy uh uh. Also that guy, that guy. Uh uh. And what about our others? But that guys know, he listen at his drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:187	Andrew: If you are a man who, who, who make music who, and	a) Acted out, performed convincingly (Andrew/
[cheering]. They gonna be made AAAAAHHH, AAAAHHH. Also this. Now that other advice ja that guy uh uh. Also that guy, that guy. Uh uh. And what about our others? But that guys know, he listen at his drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:188	the people also love you, they gonna go AAAAAAAAAAAAAHHH!	SI6:187-198)
this. Now that other advice ja that guy uh uh. Also that guy, that guy. Uh uh. And what about our others? But that guys know, he listen at his drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:189	[cheering]. They gonna be made AAAAAHHH, AAAAHHH. Also	
guy. Uh uh. And what about our others? But that guys know, he listen at his drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:190	this. Now that other advice ja that guy uh uh. Also that guy, that	
And what about our others? But that guys know, he listen at his drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:191	guy. Uh uh.	
drummer, and there is the man you can listen in the keyboard. It is also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:192	And what about our others? But that guys know, he listen at his	
also there, when it, by this, the microphone. He gonna be fanning up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:193	drummer, and there is the man you can listen in the keyboard. It is	
up. And also that songs about that and the guys is also there! It make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:194	also there, when it, by this, the microphone. He gonna be fanning	
make the band on fire! [Afrikaans] He makes it hot! In other words as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:195	up. And also that songs about that and the guys is also there! It	
as they say 'fuck, that men are good!' Those men tonight comes in performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:196		
performance. MT: Ok. So do you feel that the others are jealous of you?		SI6:197		
MT: Ok. So do you feel that the others are jealous of you?		SI6:198	performance.	
SI6:199)		SI6:199	MT: Ok. So do you feel that the others are jealous of you?	a) MT: Reestablish coherent relatedness (MT/
				SI6:199)



\$16:201 tell it so. That why people will always try to kill me about this. About \$16:202 this. and other things places, gonna be stand out of me. Places \$16:202 this. and other things places, gonna be stand out of me. Places \$16:203 gonna be dragged, also out of me, it's my hand and feet and hurt \$16:204 (heart? - MT) \$16:205 and my eyes and my tong and teeth. And my whole body, because \$16:206 I am no man. They gonna see who I am. \$16:206 I am no man. They gonna see who I am. \$16:207 MT: Hmm. Alright thank you. \$16:209 every time kill bird I meet on the road. It was always so anytime in \$16:210 my lifetime. Hung us, we gonna be spinning for that. \$16:211 Iife? \$16:212 Iife? \$16:213 Andrew: My motoral, generation Iife? \$16:214 MT: Your motivation, so like your will-power. your will to do things? \$16:214 Andrew: Because like the power comes from God. My power \$16:216 comes from God. God gives for every man the Lord give for every \$16:217 people, he gives power for them	g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
SI6:202 this. and other things places, gonna be stand out of me. Places SI6:203 gonna be dragged, also out of me, it's my hand and feet and hurt SI6:204 (heart? - MT) SI6:205 and my eyes and my tong and teeth. And my whole body, because SI6:206 lam no man. They gonna see who lam. SI6:207 MT: Hmm. Alright thank you. SI6:209 every time kill bird I meet on the road. It was always so anytime in SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them		SI6:200	Andrew: No. No one was, in, in, in because I can show it, I can	b) Ominous feeling and imagery (Andrew/SI6:200
SI6:202 this. and other things places, gonna be stand out of me. Places SI6:203 gonna be dragged, also out of me, it's my hand and feet and hurt SI6:204 (heart? - MT) SI6:205 and my eyes and my tong and teeth. And my whole body, because sI6:206 I am no man. They gonna see who I am. SI6:207 MT: Hmm. Alright thank you. SI6:208 Andrew: That why they are jealous from me, cos they make me sI6:209 every time kill bird I meet on the road. It was always so anytime in SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily sI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Comes from God. God gives for every man the Lord give for every sI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them.		SI6:201	tell it so. That why people will always try to kill me about this. About	-206)
SI6:203 gonna be dragged, also out of me, it's my hand and feet and hurt SI6:204 (heart? - MT) SI6:205 and my eyes and my tong and teeth. And my whole body, because SI6:206 I am no man. They gonna see who I am. SI6:207 MT: Hmm. Alright thank you. SI6:208 Andrew: That why they are jealous from me, cos they make me SI6:209 every time kill bird I meet on the road. It was always so anytime in SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them		SI6:202	this. and other things places, gonna be stand out of me. Places	
 \$16:204 (heart? - MT) \$16:205 and my eyes and my tong and teeth. And my whole body, because \$16:206 I am no man. They gonna see who I am. \$16:206 I am no man. They gonna see who I am. \$16:207 MT: Hmm. Alright thank you. \$16:208 Andrew: That why they are jealous from me, cos they make me every time kill bird I meet on the road. It was always so anytime in \$16:210 my lifetime. Hung us, we gonna be spinning for that. \$16:211 MT: - Can you say anything about your general motivation in daily \$16:212 life? \$16:212 Andrew: My motoral, generation life? \$16:213 Andrew: Because like the power comes from God. My power \$16:215 Comes from God. God gives for every man the Lord give for every \$16:217 people, he gives power for them 		SI6:203	gonna be dragged, also out of me, it's my hand and feet and hurt	
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 SI6:206 I am no man. They gonna see who I am. SI6:207 MT: Hmm. Alright thank you. SI6:208 Andrew: That why they are jealous from me, cos they make me SI6:209 every time kill bird I meet on the road. It was always so anytime in SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them 		SI6:205		
 MT: Hmm. Alright thank you. Andrew: That why they are jealous from me, cos they make me every time kill bird I meet on the road. It was always so anytime in my lifetime. Hung us, we gonna be spinning for that. MT: - Can you say anything about your general motivation in daily life? Andrew: My motoral, generation life? Andrew: Because like the power comes from God. My power comes from God. God gives for every man the Lord give for every people, he gives power for them 		SI6:206	_	
SI6:208 Andrew: That why they are jealous from me, cos they make me SI6:209 every time kill bird I meet on the road. It was always so anytime in SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them		SI6:207	MT: Hmm. Alright thank you.	
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 SI6:210 my lifetime. Hung us, we gonna be spinning for that. SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them 		SI6:209	every time kill bird I meet on the road. It was always so anytime in	
 SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them 		SI6:210	my lifetime. Hung us, we gonna be spinning for that.	
 SI6:211 MT: - Can you say anything about your general motivation in daily SI6:212 life? SI6:213 Andrew: My motoral, generation life? SI6:214 MT: Your motivation, so like your will-power. your will to do things? SI6:215 Andrew: Because like the power comes from God. My power SI6:216 comes from God. God gives for every man the Lord give for every SI6:217 people, he gives power for them 	د ن			
Andrew: My motoral, generation life? Andrew: My motoral, generation life? MT: Your motivation, so like your will-power. your will to do things? Andrew: Because like the power comes from God. My power comes from God. God gives for every man the Lord give for every people, he gives power for them	7.	SI6:211	MT: - Can you say anything about your general motivation in daily	
Andrew: My motoral, generation life? MT: Your motivation, so like your will-power. your will to do things? Andrew: Because like the power comes from God. My power comes from God. God gives for every man the Lord give for every people, he gives power for them		SI6:212	life?	
MT: Your motivation, so like your will-power. your will to do things? Andrew: Because like the power comes from God. My power comes from God. God gives for every man the Lord give for every people, he gives power for them		SI6:213	Andrew: My motoral, generation life?	a) Clear effort and reestablishing conversational
				rapport (Andrew/SI6:213)
		SI6:214	MT: Your motivation, so like your will-power. your will to do things?	
		SI6:215	Andrew: Because like the power comes from God. My power	
		SI6:216	comes from God. God gives for every man the Lord give for every	
		SI6:217	people, he gives power for them	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:218	MT: So what's your power now, right now, do you have	a) MT: Exploring motivational capacity (MT/
			SI6:218)
	SI6:219	Andrew: I'm now, the power of me, is not so much. Not so much.	
	SI6:220	Because why, the name, the name, [Afrikaans] the needle who I	
	SI6:221	get that scared injection, the injection now will be scared of him	
	SI6:222	MT: What I want to ask is, I mean, is	
	SI6:223	Andrew: [Quietly, Afrikaans] I must say master, but I get scared of	a) New quality to the voice, much softer (Andrew/
	SI6:224	the injection	SI6:223-224)
	SI6:225	MT: Hey?	Following up as due diligence, not relevant to
			the study - (MT/SI6:225-240)
	SI6:226	Andrew: [Afrikaans] I get scared that the injection will kill me. That	
	SI6:227	thing stays in your stars. In your stars stay. That needle. The long	
	SI6:228	needle. He will inject you.	
	SI6:229	MT: [Afrikaans] Who will do that?	
	SI6:230	Andrew: [Afrikaans] They do it here! They inject you with that	
	SI6:231	needle. In this place here, the Doctor's steel needle. Because the	
	SI6:232	people in here must inject you.	
	SI6:233	MT: [Afrikaans] Are you afraid?	
	SI6:234	Andrew: [Afrikaans] Yes I am scared. [?] since 1929	
	SI6:235	MT: [Afrikaans] Yes, Ok I will speak with Dr Roffey	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:236	Andrew: [Afrikaans] It has been many long years since the words	
	SI6:237	said [?] out of my mind. But it is so, I do not lie. Ten fingers out, I	
	SI6:238	am telling the truth. My death lies with the needle. But it is so, how	
	SI6:239	it comes as a big promise to God. I will one day learn to be there.	
	SI6:240	MT: Thank you. So what I wanna ask is, is about the music - you	a) MT: Re-centring the discussion around music
	SI6:241	say your power and motivation is from God?	and motivation (MT/SI6:240-241)
	SI6:242	Andrew: Ja it is from God yes.	
7.2	SI6:243	MT: - Is your power and motivation and will more now, after the	
	SI6:244	music therapy, or is it less?	
	SI6:245	Or the same. Your personal power	
	SI6:246	Andrew: Um[Afrikaans] No the power is weak, the power is	a) Frames self as weak in motivation (Andrew/
		weak.	SI6:240-241)
	SI6:247	MT: [Afrikaans] Can the power [help] do things? For instance	a) MT: Attempting to suggest link to music
			(Andrew/SI6:247)
	SI6:248	Andrew: [Afrikaans] The power is more weak. I get lame in my	a) Moving away from coherence again (Andrew/
	SI6:249	arms and in my legs	SI6:248-249)
	SI6:250	MT: Yes but it's not only your arms, it's also your feelings and your	a) MT: Difficulty in navigating safer space (MT/
	SI6:251	thinking	SI6:250-251)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:252	Andrew: Ooo. Sir, I think I always, I think so, I just think someone	a) Sense of being stuck in unrelenting narrative
	SI6:253	wants to kill me. When I walk, I get to a deep hole that has been	(Andrew/SI6:252-259)
	SI6:254	filled in there I get a hole and I fall deep inside, there in my part	b) Tragedy of the story carried in voice (Andrew/
	SI6:255	of the [?]. Deep in I feel an iron pole lying there. I have in my little	SI6:252-259)
	SI6:256	brother, there my brother lies, the truck killed him. They brought	
	SI6:257	my him dead to me as my little baby [?]. The iron pin stuck into me	
	SI6:258	here, near Grabouw.	
	SI6:259	That shirt is mine. I learned that night.	
7.3	SI6:260		
8.1	SI6:261	MT: - I am so sorry about that. Can you tell me how did you feel	a) MT: Needing to mover to safer ground (MT/
	SI6:262	about the music therapy sessions coming to an end finishing now?	SI6:252-259)
	SI6:263	Good or bad or neutral?	
	SI6:264	Andrew: I feel Good.	a) Positive feeling at conclusion of MTy (Andrew/
			SI6:264)
	SI6:265	MT: Are you happy that the music is finished?	
	SI6:266	Andrew: I'm happy the music is finished master. I'm happy.	
	SI6:267	MT: Why?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:268	Andrew: Because why there's there's many about people who if	a) MTy: Affords sense of accomplishment, like
	SI6:269	they listen unto that music, they say like, if this CD's is taken, take	making a CD. (Andrew/SI6:268-270)
	SI6:270	money out and pay to, for that CD. For that percent, or on that TV.	b) Happy about finished, polished music, not
			ending therapy (Andrew/SI6:268-270)
	SI6:271	MT: So the music makes them happy?	
	SI6:272	Andrew: Ja! Yes yes.	a) MTy: Affords others happiness (listening)
			(Andrew/SI6:272)
9.1	SI6:273	MT: - OK and would you recommend music therapy for other	
	SI6:274	people?	
	SI6:275	Andrew: Master?	
	SI6:276	MT: Would you recommend would you say music therapy is	
	SI6:277	good for other people, other patients at Valkenberg, and for other	
	SI6:278	people to do music therapy.	
	SI6:279	Andrew: No, no, not for all. For for that one, see that one that	
	SI6:280	one and that one. You can see the man who can see who look at	
	SI6:281	the people like people who can play in the band. But not for	
	SI6:282	everyone. Not for everyone is it good.	
	SI6:283	MT: Anthony isn't it true that everybody has got music inside?	
	SI6:284	Everybody can love music.	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:285	Andrew: For the people who was not in band they listen and the	
	SI6:286	music and they don't understand about but but they listen how	
	SI6:287	come the music in who's bringing the music in the world. The first	
	SI6:288	man and how was the beginning to start with the music. And how,	
	SI6:289	and how, where come that guides from from and that organs and	
	SI6:290	that the whole instrumental.	
	SI6:291	MT: So who would you recommend to do music therapy, would you	
	SI6:292	say it's a good idea for one of the doctors here, or nurses, or	
	SI6:293	anyone or is it only for the patients? So could Dr Kaliski benefit	
	SI6:294	from doing music therapy?	
	SI6:295	Andrew: I have to say it, I would put it this way. If certain people	a) MTy: reiterates suitability for people that
	SI6:296	mean it. If certain people understood what is meant, what I got a	understand (Andrew/SI6:295-298)
	SI6:297	wind language that has touched it, that went to go and live in to	b) Singing as 'wind language' (Andrew SI6:297)
	SI6:298	people	
10.1	SI6:299	MT: - Ok ok. So we are finished now. I just wanna ask you is there	
	SI6:300	anything else you want to tell me about the music therapy that I	
	SI6:301	haven't asked you questions, is there something, anything else you	
	SI6:302	want to tell me.	

 IQ LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
SI6:303	SI6:303 Andrew: The music tell people bring you out of that place [loudly,	a) Almost angry, impassioned voice (Andrew/
SI6:304	SI6:304 long pause]	SI6:303-304)
		b) Music as agent of communication, telling the
		world to set me free (Andrew/SI6:303-304)
SI6:305	SI6:305 MT: Which place?	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPT	CODES
	SI6:306	Andrew: This place, Valkenberg. Valkenberg. Valkenberg - he can	a) Longing to feel freedom out in the world
	SI6:307	let me go home! Because when the people can see into you, you	(Andrew/SI6:306-309)
	SI6:308	have many, many tied ends [?]. Because when if I think about I, if	b) MTy: Real sense of freedom (Andrew/
	SI6:309	I think about that colour making here under years. Long time ago	SI6:306-309)
	SI6:310	work with nails, work with screwers, work with everything about	
	SI6:311	the, who must go to the, we must go to the, to the shops that	
	SI6:312	things there, other [Afrikaans] Oh no not now master, those	
	SI6:313	players just see a west Coast place there. That is a big place there.	
	SI6:314	That place see that is a great place there, the place around here.	
	SI6:315	And they say I have myself a lot of farms, more then six, and they	
	SI6:316	are busy planting right now! Then go to Cape Town, they come with	
	SI6:317	my sweetheart from far away. Now there are other estates that are	
	SI6:318	looking to be bought so far goes to Then look now so little as	
	SI6:319	after the grand Limpopo. As they say, Angola Natalie P.E	
	SI6:320	Durban All the ongoing, he goes to a single [?] of the real world	
	SI6:321	from coming here. From that place there is no hurt. Theres not	
	SI6:322	hurt. And you get there theres [?], foreigners	
	SI6:323	MT: Alright dankie [thank you] Anthony. Dankie man.	a) Warm ending, eye contact (Andrew/SI6:323)
	SI6:324	Andrew: Ja master.	
1			

CODES	
SEMI-STRUCTURED INTERVIEW ONE TRANSCRIPI	INTERVIEW END
LINE NO.	



Appendix Q (SI7, with coding - Rocco):

ā	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:1	MT: So basically I just wanted to talk to you about the music	Questions start after greetings and
	SI7:2	therapy just to find out some of the things that you thought about it.	pleasantries.
	SI7:3	So I just wanted to ask,	
1.1	SI7:4	- How did you feel about making music together in the sessions?	
	SI7:5	Rocco: It was just good.	a) Affable first response (Rocco/SI7:5)
			b) Face is drawn, blank affectively (Rocco/SI7:5)
			c) Tone is flat (Rocco/SI7:5)
			c) Mty: Good overall experience (Rocco/SI7:5)
1.2	9:218	MT: - Does anything stand out for you that you feel is good or bad?	
	SI7:7	Rocco: Mmm Nothing	a) Comfortable responding, rapport building
			(Rocco/SI7:7)
			b) MTy: No standout features (Rocco/SI7:7)
1.3	8:213	MT: - OK. Do you think you could find 5 words to describe the	a) MT: Acknowledges response neutrally (MT/
	817:9	music therapy, so you say 5 words about how did it make you	SI7:8)
	SI7:10	feel? So I'm saying like, let's say I can find 5 words for this bag	
	SI7:11	here, I could say it's black, it's got a zip, it's big you know? Could	
	SI7:12	you use 5 words for music therapy?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:13	Rocco: I find it was good, it was explaining it express how the	a) Mty: Feeling of well-being (Rocco/SI7:13)
	SI7:14	world goes. Music gives life.	b) MTy: Affords expression of the world (Rocco/
			SI7:13)
			c) Music as giver of life (Rocco/SI7:13)
			d) Raises some abstract concepts (Rocco/SI7:13)
	SI7:15	MT: Thanks	
	SI7:16	Rocco: And eh it's romantic.	a) MTy: Access to romantic sphere (Rocco/SI7:13)
	SI7:17	MT: Romantic?	a) MT: Affirming expression and suggesting more
			(MT/SI7:17)
	SI7:18	Rocco: Yeah.	
	SI7:19	MT: Do you feel that music helps you to um, feel romantic?	
	SI7:20	Because there are no women here?	
	SI7:21	Rocco: Ya.	a) Music as romantic comfort, a partner (Rocco/
			SI7:21)
			b) MTy: Proffers music as relationship
			other' (Rocco/SI7:21)
4.1	SI7:22	MT: - What do you think about the kind of music that we played and	
	SI7:23	created there?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:24	Rocco: It just a need to practice more so that we can make a	a) Flat tone continues (Rocco/SI7:24-25)
	SI7:25	sound, that give a sense to it.	b) MTy: Motivation to gain proficiency (Rocco/
			SI7:24-25)
1.5	SI7:26	MT: - Uh-huh, sure. Is there anything that you did not like about the	
	SI7:27	sessions that	
	SI7:28	Rocco: Ya, it's a when like someone don't take the rhythm, of	a) Frustration of being held back by others
	SI7:29	the music	(Rocco/SI7:28-29)
2.1	SI7:30	MT: - Right. Thank you. Would you describe how you feel	
	SI7:31	normally? forget about the music, I'm saying you right now, um how	
	SI7:32	are you feeling? Are you feeling	
	SI7:33	Rocco: Actually it [the MTy] makes me feel warm. Now I'm cold.	a) Speech rhythmically inelastic (Rocco/SI7:33)
			b) Meaning conveyed through word use, subtle
			inflection, small gesturing (Rocco/SI7:33)
			c) Somatic/emotional description (Rocco/SI7:33)
			d) MTy: Invokes feeling of warmth, cold without it
			(Rocco/SI7:33)
			e) MTy: Affords more nurturing environment, not
			'cold' (Rocco/SI7:33)
	SI7:34	MT: You're feeling cold?	a) MT: Checking in on client's comfort (MT/SI7:34)



SIT:35 Rocco: Hmm. a) Ambiguous, far-away. SIT:36 MT: And when we did the music did it make you feel warm? a) MT: Unsure of client's SIT:35 3.1 SIT:37 Rocco: Ja. SIT:39 we played it. a) MT: Can be difficult to a synthing else that the music made you feel? When SIT:40 b) MTy. Can be difficult to a synthing else that the music made you feel? When SIT:41 SIT:40 Rocco: I don't have the words. a) MTy. Can be difficult to a synthing else that the music made you feel? When a side it have an effect on you? SIT:41 A.1 SIT:42 MT. Alight thank you. Do you think that us doing music therapy a) MTy. Can be difficult to a synther answer. SIT:44 Rocco: Ja a) Generally shorter answer. SIT:45 MT. What? What effect did it have on you? a) Generally shorter answer. SIT:46 Rocco: Something new, but for me because I never did it before. a) MTy. Affords a new expense. SIT:48 Rocco: Ual SIT:47-48) SIT:49 Rocco: Ual SIT:47-48) SIT:50 MT. What? MT. What? MTy. Shiffs personality, It music, Ja, music, Ja, music, Ja, music itself.	₫	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
 SI7:36 MT. And when we did the music did it make you feel warm? SI7:37 Rocco: Ja. SI7:38 MT Is there anything else that the music made you feel? When SI7:39 we played it. SI7:40 Rocco: I don't have the words. SI7:41 MT Alright thank you. Do you think that us doing music therapy SI7:42 MT. What? What effect did it have on you? SI7:44 Rocco: Ja SI7:45 MT. What? What was new, was, did, was there something about SI7:46 Rocco that is different now? SI7:49 Rocco: Ja SI7:49 Rocco: Ja SI7:50 MT. What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:35	Rocco: Hmm.	a) Ambiguous, far-away, low response (Rocco/
 SI7:36 MT: And when we did the music did it make you feel warm? SI7:37 Rocco: Ja. SI7:38 MT: - Is there anything else that the music made you feel? When SI7:39 we played it. SI7:40 Rocco: I don't have the words. SI7:41 Antight thank you. Do you think that us doing music therapy SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 				817:35)
 SI7:37 Rocco: Ja. SI7:38 MT: - Is there anything else that the music made you feel? When SI7:39 we played it. SI7:40 Rocco: I don't have the words. SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:36	MT: And when we did the music did it make you feel warm?	a) MT: Unsure of client's meaning (MT/SI7:33)
 SI7:38 MT: - Is there anything else that the music made you feel? When SI7:39 we played it. SI7:40 Rocco: I don't have the words. SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:43 Rocco: Ja SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:49 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:37	Rocco: Ja.	
 SI7:39 we played it. SI7:40 Rocco: I don't have the words. SI7:41 MT Alright thank you. Do you think that us doing music therapy SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:46 Rocco: Something new, but for me because I never did it before. SI7:46 Rocco that is different now? SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What! can say music, ja, music itself. 	3.1	SI7:38	MT: - Is there anything else that the music made you feel? When	
 SI7:40 Rocco: I don't have the words. SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:46 Rocco: Something new, but for me because I never did it before. SI7:46 Rocco that was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:39	we played it.	
 SI7:41 SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:40	Rocco: I don't have the words.	a) MTy: Can be difficult to describe (Rocco/SI7:40)
 SI7:42 MT: - Alright thank you. Do you think that us doing music therapy SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 	3.2	SI7:41		
SI7:43 did it have an effect on you? SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself.	4.1	SI7:42		a) MT: Maintaining neutrality (MT/SI7:42-43)
 SI7:44 Rocco: Ja SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:43	did it have an effect on you?	
 SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:44	Rocco: Ja	a) Generally shorter answers, but there is flow,
 SI7:45 MT: What? What effect did it have on you? SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 				relateability (Rocco/SI7:44)
 SI7:46 Rocco: Something new, but for me because I never did it before. SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:45		
 SI7:47 MT: - And what was new, was, did, was there something about SI7:48 Rocco that is different now? SI7:49 Rocco: Ja SI7:50 MT: What? SI7:51 Rocco: What I can say music, ja, music itself. 		SI7:46	Rocco: Something new, but for me because I never did it before.	a) MTy: Affords a new experience (Rocco/SI7:46)
Rocco that is different now? Rocco: Ja MT: What? Rocco: What I can say music, ja, music itself.	4.2	SI7:47	MT: - And what was new, was, did, was there something about	a) MT: Working towards insight to emotion (MT/
MT: What? Rocco: What I can say music, ja, music itself.		SI7:48	Rocco that is different now?	817:47-48)
MT: What? Rocco: What I can say music, ja, music itself.		SI7:49	Rocco: Ja	
Rocco: What I can say music, ja, music itself.		SI7:50	MT: What?	
'musical' (Rocco/SI7:51)		SI7:51	Rocco: What I can say music, ja, music itself.	MTy: Shifts personality, becomes
				'musical' (Rocco/SI7:51)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:52	MT: It's difficult to talk about music hey?	a) MT: Establishing rapport, encouraging more
			(MT/SI7:52)
	SI7:53	Rocco: Ja it is.	
	SI7:54	MT: Music we we sing, we listen to music, and we play music but	
	SI7:55	it's difficult to talk about music! What words?	
	SI7:56	Rocco: Ja. I'm not used to it yet.	a) Difficulty discussing music (Rocco/SI7:56)
	SI7:57	MT: Me too. I mean I think music just because music is, uh is it	a) MT: 'Spiritual' as in not physical, elusive in
	SI7:58	spiritual? I don't know. Music is something else	discussing (MT/SI7:58)
	SI7:59	Rocco: It's a spiritual.	a) Accelerated response, slightly higher pitched
			(Rocco/SI7:59)
	SI7:60	MT: Ok	a) Furthering agency of client (Rocco/SI7:60)
	SI7:61	Rocco: It's spiritual. (long pause)	a) Repetition adds emphasis, meaningfulness
			(Rocco/SI7:61)
			c) MTy: Affords spiritual experience, access
			(Rocco/SI7:61)
5.1	SI7:62	MT: - So. What was it like for you to make music with this group of	
	SI7:63	people? You know Lonwabo, Thukile, all the others Larry. How	
	SI7:64	did you feel about that? Playing music with them.	



<u>a</u>	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:65	Rocco: It was nice to play it in a group, but when it's like someone	a) Frustration at differing levels in group (Rocco/
	SI7:66	don't understand the sense of it When it becomes like, it make us	SI7:65-67)
	SI7:67	bored.	b) Performance-oriented outlook (Rocco/
			SI7:65-67)
	SI7:68	MT: Ah	
	817:69	Rocco: Yes	
	SI7:70	MT: So you felt that sometimes it got a bit boring because some of	
	SI7:71	the people didn't pick up the rhythm?	
	SI7:72	Rocco: Ja. Ja.	a) Boredom related to inadequacy of others
			(Rocco/SI7:72)
5.2	SI7:73	MT: - Ah. and how did you feel you were in the group?	
	SI7:74	Rocco: Eh, Ja, I was feeling like my self I'm I'm the best!	a) View of self defined by hierarchical construction
			(Rocco/SI7:74)
	SI7:75	MT: Yes?	
	SI7:76	Rocco: Ja. I was feeling as the best, you know, of all the people.	b) Comparative mindset (Rocco/SI7:76)
	SI7:77	MT: Is that because of your drumming?	
	SI7:78	Rocco: Ja.	
	SI7:79	MT: And singing as well?	
	SI7:80	Rocco: Singing as well.	
	SI7:81	MT: And rapping?	



LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
SI7:82	Rocco: Ja.	
SI7:83	MT: Everything? [Smiling]	
SI7:84	Rocco: Everything.	a) Flat tone, not smiling (Rocco/SI7:84)
SI7:85	MT: Even the stretching?	
SI7:86	Rocco: Ja. Ja.	
SI7:87	MT: So you had a very strong positive feeling about yourself?	
SI7:88	Rocco: Ja.	a) Strongly positive self-concept (Rocco/SI7:88)
SI7:89	MT: Ok. And then do you think that how you felt then, in the you	a) MT: Exploring strong self-belief outside MTy
SI7:90	know doing all of this music you could sing it, you could play the	confines (MT/SI7:89-96)
SI7:91	drums, you could dance, and rap and all of that um did you feel	
SI7:92	that gave you some, something different for now? For Rocco	
SI7:93	outside music therapy, in Valkenberg itself, and now going out on	
SI7:94	leave eventually and Do you think that somehow the confidence	
SI7:95	that you got, that you are the best in music that you can take that	
SI7:96	into the world.	
SI7:97	Rocco: Ja. If I can find the group of people who sing, who play,	a) MTy: Afforded momentum going forward in life
817:98	who dance music properly, I can be somebody in the music, ja. I	(Rocco/SI7:97-99)
817:99	have that talent, exactly.	b) MTy: Awakened self-belief in personal talent
		(Rocco/SI7:97-99)



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:100	MT: Right. I'm saying Let's say, you know the feeling you've got	a) MT: Shifting focus to outside MTy,
	SI7:101	"I'm good, I'm good at music." Now [what] if we just have that	hypothesising (Rocco/SI7:100-105)
	SI7:102	feeling about something else maybe, other things. So now you can	
	SI7:103	walk through the world and those days that you're not playing	
	SI7:104	music, you can still be confident, you can still be: "I'm good." You	
	SI7:105	can still be: "I can do this".	
	SI7:106	Rocco: Ja	
	SI7:107	MT: Even if you're not playing in the band. You know, even if you're	
	SI7:108	going to do something different, like you know, catch some trains,	
	SI7:109	or going for job interviews, or whatever	
	SI7:110	You can still say "I can do this" because the music has given you	
	SI7:111	or because you can do music. It's given you something?	
	SI7:112	Rocco: Ja.	a) No elaboration, sense of being overwhelmed
			(Rocco/SI7:112)
	SI7:113	MT: Do you think that is possible?	
	SI7:114	Rocco: Ja it is.	
	SI7:115	MT: That's very cool.	a) MT: Rapport has lessened, building it up again
6.1	SI7:116	- Can you tell me how did you experience communicating with	(MT/SI7:115-117)
	SI7:117	others in the group?	
	SI7:118	Rocco: I was just cool.	a) Slight wilful non-communicality (Rocco/SI7:118)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:119	MT: I was just cool?	
	SI7:120	Rocco: Just fine.	
	SI7:121	MT: Alright.	
6.2	SI7:122	- And then has anything changed in how you relate to them now	
	SI7:123	after the music therapy, or is it the same as before?	
	SI7:124	Rocco: No it's just the same as before.	a) MTy: No change in relating with participants
			(Rocco/SI7:118)
	SI7:125	MT: Ok.	a) MT: Interview schedule offers procedural
7.1	SI7:126	- Can you say anything about your general level of motivation, or	momentum (MT/SI7:126-127)
	SI7:127	will-power in normal daily life?	
	SI7:128	Rocco: I'm just someone with a lot of talent.	a) Juxtaposition of self-belief with motivation
			(Rocco/SI7:128)
	SI7:129	MT: Yes, with a lot of talent. And do you have the will-power to take	a) MT: Affirming agency in choosing own self-
	SI7:130	that talent and do something?	perception (MT/SI7:129)
			b) MT: Exploring talent/motivation link (MT/
			SI7:129)
	SI7:131	Rocco: Umm. I just don't know.	
7.2	SI7:132	MT: Ok. In your music therapy	
જ	SI7:133	- Do you think the music therapy sessions have helped you for your	
7.3	SI7:134	motivation outside music?	



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
	SI7:135	Rocco: Ja. Yes.	a) Definitive response (Rocco/SI7:135)
			b) MTy: Enhanced motivation generally (MT/
			SI7:135)
% 7.	SI7:136	MT: - Can you describe how you felt about the music therapy	
	SI7:137	sessions coming to an end, finishing?	
	SI7:138	Rocco: Mmm. Come again?	
	SI7:139	MT: Like. Now the music therapy sessions is finished. How do you	
	SI7:140	feel about that?	
	SI7:141	Rocco: No, just fine. I was just thinking maybe we would be like a	c) Necessitates omniscient outside force (Rocco/
	SI7:142	judge, you had it there to proclaim to say this one was number	817:141-143)
	SI7:143	one, this one was like number two. This was like number three. Ja.	
	SI7:144	MT: Ok.	
9.1	SI7:145	- Rocco would you recommend other people do music therapy? Do	
	SI7:146	you think it's good?	
	SI7:147	Rocco: Mm, Ja.	a) MTy: Recommended for others (Rocco/
			SI7:147)
	SI7:148	MT: Why do you think it' good?	
	SI7:149	Rocco: Because everyone got his talent, and try to sing also.	a) Recognition of talent in others (Rocco/SI7:149)
			b) MTy: Exploration of individual's talents (Rocco/
			SI7:149)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW SEVEN TRANSCRIPT	CODES
10.1	SI7:150	MT: - Is there anything else you want to add. This is the last	
	SI7:151	question. Is there anything else you want to add, about our music	
	SI7:152	therapy time together?	
	SI7:153	Rocco: Um, I just I can have someone to teach me how to play	a) MTy: Inspire further musical pursuits (Rocco/
	SI7:154	guitar. And I can be composing my songs.	SI7:153-154)
			b) MTy: Motivational in further creativity (Rocco/
			SI7:153-154)
	SI7:155	MT: You want to compose some songs?	MT has requested Valkenberg to assist in
			lessons and access to a guitar
	SI7:156	Rocco: Ja. Talking about some stories, histories and so on. But, to	a) More animated voice, more open eyes, sincere
	SI7:157	play it with a guitar.	feeling (Rocco/SI7:156-157)
			b) Music as storytelling process (Rocco/
			SI7:156-157)
	SI7:158	MT: Rocco thanks very much. Thanks for doing the music therapy	
	SI7:159	and thanks for dong the interview.	
	SI7:160	Rocco: Thank you very much.	a) Genuine appreciation (Rocco/SI7:160)
		INTERVIEW END	



Appendix Q (SI8, with coding - Douglas):

2	Ц	SEMI-STRIICTIIRED INTERVIEW FIGHT TRANSCRIPT	SOURS
3			
	S18:1	MT: Thanks very much for doing the Music TherapyPermanence	Questions start after greetings and
	SI8:2	sessions, and thanks very much for dong this interview which will be	pleasantries. Douglas presents with
	SI8:3	the last time that we see each other. But you'll still see some of Marc. I	significantly disorganised thought.
	SI8:4	just wanted to ask you	
7:	SI8:5	- How have you experienced making music together in this	
		group?	
	S18:6	Douglas: Hmm, don't look.	a) Seems slightly surprised at own words
			(Douglas/SI8:6)
			b) Eyes looking downward, very ponderous
			energy (Douglas/SI8:6)
	SI8:7	MT: Hmm?	
	818:8	Douglas: Nothing	a) Flat affectively, words mumbled, arms folded
			(Douglas/SI8:8)
			b) Feeling of discomfort (Douglas/SI8:8)
	818:9	MT: Nothing?	
	SI8:10	Douglas: Yes	
	SI8:11	MT: Nothing? Um did you feel	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:12	Douglas: Alright. [<i>Thumbs up</i>] Feel alright.	a) Incomplete gesture, arms back to folded
			(Douglas/SI8:12)
			b) MTy: Positive group experience (Douglas/
			SI8:12)
	SI8:13	MT: You feel alright?	
1.2	SI8:14	- Is there anything that stands out for you?	
	SI8:15	Douglas: No	
	SI8:16	MT: OK.	a) MT: Assuring any answers are 'OK' (MT/SI8:16)
1.3	SI8:17	- Can you sum up your experience in this group Music Therapy using	
	SI8:18	any five words?	
	SI8:19	So you know what I mean? Let's say we're talking about soccer, not	
	SI8:20	music - so five words like fun, tiring, exercise, breath	
	SI8:21	Can you find any five words like that to describe the Music Therapy	
	SI8:22	sessions.	
	SI8:23	Douglas: It's always nice.	a) Extremely Soft, withholding quality (Douglas/
			SI8:23)
	SI8:24	MT: Hey?	
	SI8:25	Douglas: It's always nice. Nice.	a) MTy: Permanence of a positive emotion
	S18:26	MT: Ok that's one, anything else?	
	SI8:27	Douglas: No	



₫	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:28	MT: Can you find another word?	a) MT: Encouraging further exploration (MT/
			SI8:28)
			b) Confirming mutuality of understanding (MT/
			SI8:28)
	SI8:29	Douglas: [Shakes head no]	a) Silent response, feeling of shame (Douglas/
			SI8:29)
1.4	SI8:30	MT: Ok thank you Can talk to me about the kind of music we	
	SI8:31	created/played together?	
	SI8:32	Douglas: No	a) More shut down, retreating into self (Douglas/
			SI8:32)
	SI8:33	MT: Do you think we played Reggae? Um	
	SI8:34	Douglas: No	a) Limited rapport, conversational response
			(Douglas/SI8:34)
	SI8:35	MT: What music do you like?	a) MT: Strategic question change, establishing
			rapport (Douglas/SI8:35)
	SI8:36	Douglas: Rap and Hip hop.	
	SI8:37	MT: And did we do some rap and hip-hop?	
	\$18:38	Douglas: Yes.	
	SI8:39	MT: Which was your favourite type of music that we played?	
	SI8:40	Douglas: Eminem	



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:41	MT: Oh, And what we played together in the Music Therapy?	
	SI8:42	Douglas: Oh. No.	a) Difficulty exploring MTy process (Douglas/ SI8:42)
	SI8:43	MT: Did you like what we played together, like It's a wonderful world,	
	SI8:44		
	SI8:45	Douglas: No	a) Single word answers, softly spoken with blank affect (Douglas/SI8:38-45)
	S18:46	MT: Ok that's fine.	a) MT: Assuring client-controlled responses
1.5	SI8:47	- Can you tell me something you did not like in the sessions that we	(Douglas/SI8:46)
	SI8:48	did together, in the music.	
	SI8:49	Douglas: No, I like everything.	a) MTy: Thorough enjoyment throughout
			(Douglas/SI8:49)
			b) Staccato response (Douglas/SI8:49)
	SI8:50	MT: Like everything?	
	SI8:51	Douglas: Everything.	a) Authentic response, slight nod (Douglas/
			SI8:51)



IQ LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
SI8:52	MT: Do you remember some of the things you contributed in the	a) Interpersonal rapport(conversing) through
SI8:53	sessions? So when we did the warmup, remember we did the warmup	movement and gesturing (Douglas/SI8:52-56)
SI8:54	where[demonstrates] Ja. So you remember that [Douglas:	b) Greater relatedness than through spoken
SI8:55	gestures similarly] Do you remember which warmup exercise you told	conversation (Douglas/SI8:52-56)
SI8:56	everybody else to do?	
SI8:57	Douglas: No.	
SI8:58	MT: We would stand up and then [Pause]	a) MT: Exploring connection to MTy process (MT/
		SI8:58)
SI8:59	Douglas: Stand up	
SI8:60	MT: And then hop	
SI8:61	Douglas: Ja	
SI8:62	MT: Do you remember?	
SI8:63	Douglas: I remember.	a) More present quality discussing memory
		(Douglas/SI8:63)
SI8:64	MT: You told us to hop hey? Did you enjoy that?	
SI8:65	Douglas: Enjoy that, I did.	a) MTy: Enjoyable leadership through activities
		(Douglas/SI8:65)
SI8:66	MT: And did you enjoy playing the drums?	
-		



g	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:67	Douglas: Yes.	a) More ready rapport, better flow (Douglas/
			SI8:67)
	SI8:68	MT: Why?	
	SI8:69	Douglas: For feeling well.	a) Linking wellness to playing an instrument
			b) MTy: Affords wellbeing through music activity
			(Douglas/SI8:69)
	SI8:70	MT: Do the drums help you to feel well?	
	SI8:71	Douglas: For someone too, someone else.	b) Linking wellbeing for self and others to
			drumming (Douglas/SI8:71)
			c) Unselfishness, thinking of others wellness
			(Douglas/SI8:71)
			d) MTy: Wellness for others too (Douglas/SI8:71)
	SI8:72	MT: Why do you feel the drums	
	SI8:73	Douglas: [Interjects] It feel alright.	a) Conversational interaction smoother (Douglas/
			SI8:73)
	SI8:74	MT: And the guitar?	
	SI8:75	Douglas: Guitar, alright, alright.	
	SI8:76	MT: Thank you.	
2.1	SI8:77	- How would you describe how you feel normally?	
	SI8:78	Douglas: I feel alright. Normal.	



<u>a</u>	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:79	MT: Is it the same when you we finished playing music, or normally	
	SI8:80	now - is it the same?	
	SI8:81	Douglas: No, no.	
	SI8:82	MT: Does it change? Does the music make you feel better?	
	SI8:83	Douglas: Happy.	a) MTy: Enhances normal self-state (Douglas/
			SI8:83)
	SI8:84	MT: Happy. And then now, are you also happy?	
	SI8:85	Douglas: Also happy.	a) Drawing back quality, vacant expression, sense
			of drifting (Douglas/SI8:85)
	SI8:86	MT: So is there any difference between how you feel with the music	
	SI8:87	and how you feel normally?	
	SI8:88	Douglas: [Pauses] No, no.	a) Rapport receding (Douglas/SI8:88)
			c) Vacant staring (Douglas/SI8:88)
	SI8:89	MT: Is it difficult to talk about this? [Afrikaans] Do you want me to talk	
	SI8:90	Afrikaans?	
	SI8:91	Douglas: No, alright.	
	SI8:92	MT: [Afrikaans] English is fine?	a) MT: Conveying sense of caring to client (MT/
3.1	SI8:93	[English] - How did you feel during the music sessions?	SI8:92-93)
	SI8:94	Douglas: I feel alright. Nice and cool.	a) More present quality, drifts back into
			communication (Douglas/SI8:94)
3.2	SI8:95	MT: - Could you say something about why you feel that?	



SI8:96 Douglas: SI8:97 MT: Yourl SI8:99 MT: Sorry SI8:100 Sometime SI8:101 Douglas: SI8:102 MT: Like y		
	Douglas: My soul feel good. My soul and my body.	a) Sudden coherent expression (Douglas/SI8:96)
		b) MTy: Positive impact on soul (Douglas/S18:96)
		c) MTy: Positive impact on the body (Douglas/
		SI8:96)
		d) Soul and body duality linked with MTy
		(Douglas/SI8:96)
	MT: Your body and soul.	
	Douglas: Ja. [Pause] I wanna go now [gets up to go]	a) Agitated quality, possibly protecting
		vulnerability (Douglas/SI8:98)
	MT: Sorry, can we finish please? [Douglas: Nods, sits]	a) MT: Respectful request (Douglas/SI8:99-100)
	Sometimes you tried to sing some gospel	
	Douglas: Gospel?	
	MT: Like you were singing [sings] "Die here van Jesus"	a) MT: Reestablishing presence and rapport (MT/
		SI8:102)
	Douglas: [Sings] "Ons na here gaan toe" [continues]	a) Tuneful, soft, lilting quality to song (Douglas/
		SI8:103)
		b) Readily sings, invested in the process
		(Douglas/SI8:103)
S18:104 MT: [Afrik	MT: [Afrikaans] What song is that? [long pause] That is a very	
SI8:105 beautiful s	beautiful song that you are singing.	



\$18:106 Douglas: Ja a) Distracted response, as if deep in tho (Douglas/Si8:106) \$18:107 MT. [Afrikaans] How are feeling? Are you alright? a) Gently spoken (Douglas/Si8:107) \$18:108 Douglas: Alright. a) Gently spoken (Douglas/Si8:107) \$18:109 MT Can I ask you if the music made you feel anything, that we sign. a) MTy. Engenders positive feelings (Douglas/Si8:107) \$18:111 Douglas: Music made pop, feel alright (?) a) MTy. Engenders positive feelings (Douglas/Si8:117) \$18:112 A: Si8:113 MT What was it like for you to play music with these people? You sign. a) MTy. Afforded positive group experience positive feelings (Douglas/Si8:116) \$18:115 How did you feel about playing? a) MTy. Afforded positive group experience pourself in the group? a) Rapport at a faster pace, more interrange of self in the group? \$18:118 MT How did you experience yourself in the group? a) MTy. Positive experience of self in the group? \$18:129 Douglas: Good a) MTy. Positive experience of self in the group?	g	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
\$18:107 MT: [Afrikaans] How are feeling? Are you alright? \$18:108 Douglas: Alright. \$18:109 MT: - Can I ask you if the music made you feel anything, that we \$18:110 played? \$18:111 Douglas: Music made pop, feel alright (?) \$18:112 MT: - What was it like for you to play music with these people? You \$18:114 know you played with Lonwabo, Thukile, Larry, you know everybody? \$18:115 How did you feel about playing? \$18:116 Douglas: Playing nice. Like it. \$18:117 MT: You like it? \$18:118 Douglas: Ja I did. \$18:119 MT: - How did you experience yourself in the group? \$18:120 Douglas: Good		SI8:106	Douglas: Ja	a) Distracted response, as if deep in thought
\$18:107 MT: [Afrikaans] How are feeling? Are you alright? \$18:108 Douglas: Alright. \$18:110 played? \$18:111 Douglas: Music made pop, feel alright (?) \$18:112 MT: - What was it like for you to play music with these people? You \$18:114 know you played with Lonwabo, Thukile, Larry, you know everybody? \$18:115 How did you feel about playing? \$18:116 Douglas: Playing nice. Like it. \$18:117 MT: You like it? \$18:118 Douglas: Ja I did. \$18:119 MT: - How did you experience yourself in the group? \$18:120 Douglas: Good				(Douglas/SI8:106)
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SI8:119 MT: - How did you experience yourself in the group? SI8:120 Douglas: Good		SI8:118	Douglas: Ja I did.	a) Rapport at a faster pace, more interactive
SI8:119 MT: - How did you experience yourself in the group? SI8:120 Douglas: Good				(Douglas/SI8:118)
Douglas: Good	5.2	SI8:119	MT: - How did you experience yourself in the group?	
(Douglas/SI8:120)		SI8:120	Douglas: Good	a) MTy: Positive experience of self in the group
				(Douglas/SI8:120)



₫	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
6.1	SI8:121	MT: - How did you experience communicating with others in the	
	SI8:122	group?	
	SI8:123	Douglas: Nothing.	a) Seems unwilling to explore communication
			(Douglas/SI8:123)
6.2	SI8:124	MT: - Is there anything different with how you are with your friends in	
	SI8:125	the ward, after the Music Therapy?	
	SI8:126	Douglas: Nothing.	a) Rapport still brisk, but a tired quality (Douglas/
			SI8:126)
			b) MTy: Relationships unchanged outside therapy
			space (Douglas/SI8:126)
6.3	SI8:127		
7.1	SI8:128	MT: - Can you say anything about your general motivation in daily life?	
	SI8:129	Douglas: No. Nothing.	
7.2	SI8:130	MT: - Can you say anything has changed about your motivation in	
	SI8:131	Music Therapy sessions?	
	SI8:132	Douglas: No. It's true.	a) MTy: Motivation unchanged inside MTy
			sessions (Douglas/SI8:132)
	SI8:133	MT: And your present level of motivation?	
	SI8:134	Douglas: No.	a) MTy: Motivation unchanged outside sessions
			(Douglas/SI8:134)



g	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
8.1	SI8:135	MT: - Can you tell me how you feel about the sessions coming to an	
	SI8:136	end?	
	SI8:137	The music finishing	
	SI8:138	Douglas: Oh no, no no.	a) Indicating disappointment at ending (Douglas/
			SI8:138)
	SI8:139	MT: Would you like it to carry on or stop?	
	SI8:140	Douglas: No you carry on.	a) MTy: Worthwhile to continue attending
			(Douglas/SI8:140)
	SI8:141	MT: Ok.	
9.1	SI8:142	- Would you recommend, would you say that other people should do	
	SI8:143	Music Therapy?	
	SI8:144	Douglas: Yes.	a) MTy: Recommended for others (Douglas/
			SI8:144)
	SI8:145	MT: Can you tell me why?	
	SI8:146	Douglas: Make me happy.	a) MTy: Space where happiness can be
			'made' (Douglas/SI8:146)
			b) Simple need for joy (Douglas/SI8:146)
10.1	SI8:147	MT: - Is there anything else you want to tell me?	
	SI8:148	Douglas: No. Mo. music is alright.	a) MTy: Positive experience (Douglas/SI8:148)



<u> </u>	LINE NO.	SEMI-STRUCTURED INTERVIEW EIGHT TRANSCRIPT	CODES
	SI8:149	MT: Music is alright. And I just want to say thank you very much for	
	SI8:150	doing Music Therapy with me and with everybody.	
	SI8:151	Douglas: Me too.	a) Mutual warmth, sentimental moment (Douglas/
			SI8:151)
	SI8:152	MT: And it was great having you in the group and I hope that the music	
	SI8:153	that we created together can be with you and stay with you so that you	
	SI8:154	can now go into the world and bring some of that music with you.	
	SI8:155	Because music you can bring it anywhere hey?	
	SI8:156	Music you can bring anywhere.	
	SI8:157	Thanks very much.	
	SI8:158	Douglas: Thank you, thank you.	
		INTERVIEW END	



Appendix R (Categories and Codes):

HOLDING

Organisation, Stability & Structure

- c) MTy: Facilitates more organisation, when playing guitar (Thukile/SI5:100-101)
- a) Significant relating of MTy with 'stabilitated space and time' (Tiago/SI4:154-156)
- a) Rules important (Tiago/SI4:112)
- a) MTy: Affords maintenance of moderately stable state (Tiago/SI4:44)
- c) MTy: Afforded experience of stability (Tiago/SI4:154-156)
- a) Motivated to keep personal stability (Tiago/SI4:145-146)
- d) MTy: Appreciated predictability of therapy space, group 'abiding' (Tiago/SI4:142)

TD2:142-144 a) MT: Rhythmic continuity

- d) Moderate stability as the ideal mental state (Tiago/SI4:40)
- b) Associates fun with stability (Tiago/SI4:154-156)
- b) Stability a recurring, significant factor (Tiago/SI4:1-142)
- a) Invested in stability (Tiago/SI4:115-117)
- TD2:242-243 a) Preconceived pattern clarity of music expression
- TD2:239-242 e) Precise execution
- TD3:128-131 d) Conceptually clear
- TD3:141-142 c) Lyrics and melody
- TD2:162-163 a) Holds tempo
- TD1:194-197 a) Patterned rhythm
- TD3:147-149 c) Performed as complete
- TD2:161-162 b) Predictable rhythmic feel
- TD1:155-156 b) Rhythmically consistent
- TD2:182-185 a) Unpredictable but steady
- TD2:161-162 a) Steady quality
- a) Personal enthusiasm determined by state of the group (Tiago/SI4:143)

Warmth and Safety

- d) MTy: Creates a safe space, free of violent impulses (Andrew/SI6:115-121)
- d) MTy: Invokes feeling of warmth, cold without it (Rocco/SI7:33)
- c) MTy: Offers refuge for feeling, a place where emotion can be safely felt (Larry/SI3:95-96)
- a) MTy: Safe space where 'there is no violence in the joy' (Andrew/SI6:169-170)
- e) MTy: Affords more nurturing environment, not 'cold' (Rocco/SI7:33)
- b) MTy: Space of no correction (Thukile/SI5:35-37)
- d) MTy: Affords emotional comfort (Lonwabo/SI1:117)
- b) MTy: Non-corrective space (Thukile/SI5:81-84)

MT Matching & Holding

TD1:35-38 d) MT: Following the leadership

TD2:93-96 c) Modelling

a) MT: Intuits possible miscommunication, and rephrases (MT/SI2:53-54)

TD2:26-28 b) MT: Secure therapeutic space

- a) MT: Interpreted as preference of no response (Samual/SI2:42)
- a) MT: Offers example as stimulus (Larry/SI3:18-19)



- a) MT: Respectful request (Douglas/SI8:99-100)TD2:24-25
- b) MT: Prevent session 'hijack'
- a) MT: Attempting to suggest link to music (Andrew/SI6:247)
- TD2:26-28 b) MT: Secure therapeutic space
- a) MT: Reestablishing presence and rapport (MT/SI8:102)
- a) MT: Lucid example, using both hands and big gestures (MT/SI3:38-40)
- TD2:206-209 c) MT: Harmonic richness
- a) MT: Exploring presented self-concept (Tiago/SI4:51)
- TD1:35-38 b) MT: facilitate relationship
- TD3:101-104 a) MT: Separated from group space
- a) MT: Testing if the client wants to explore this (MT/SI6:139)
- a) MT: Keeping momentum (MT/SI3:73)
- a) MT: Explore feelings around motivation more (MT/SI4:142)
- a) MT: Exploring strong self-belief outside MTy confines (MT/SI7:89-96)
- a) MT: Facilitates client's further self-expression (MT/SI4:29)
- TD2:75-78 b) Modelling desired behaviour
- a) MT: Probing understanding of previous question (MT/SI2:46)
- a) MT: Aiming at balanced, limited bias enquiry (MT/SI4:5-7)
- TD3:134-137 a) MT: Facilitates individual's initiative
- a) MT: Filtering 'sing' as first word our of five (MT/SI6:62)
- a) MT: Shifting focus to outside MTy, hypothesising (Rocco/SI7:100-105)
- c) MT: Delivery of question important here (MT/SI2:33)
- a) MT: Consultative tone (Larry/SI3:65-66)
- TD2:229-230 a) MT: Simple accompaniment
- TD3:185-186 a) MT: Passive facilitation
- a) MT: Checking in on client's comfort (MT/SI7:34)
- TD3:101-104 c) MT: Prepared 'C' quitar
- TD2:18-19 a) MT: alternative system
- TD3:101-104 e) MT: Surprised but consenting
- TD3:233-236 a) MT: Verbally silent
- TD2:67-68 a) MT: Reflects foundation
- TD3:18-20 a) MT: Presented group work
- TD2:144-156 a) MT: Facilitates pausing, space
- TD3:212-215 b) MT: Facilitating musical relationship
- TD1:67-69 b) MT: Gesture not voice
- f) MT: Improved rapport (MT/SI3:20-22)
- TD3:87-88 a) MT: Introduces activity
- a) MT: Motivating for more details (MT/SI6:28)
- TD2:242-243 a) MT: Riff determined
- TD1:67-69 d) MT: Facilitates musical flow
- TD1:62-63 a) MT: Awareness of initiative
- TD2:150-151 a) MT: Ends group song
- TD2:34-35 a) MT: Purposefully thoughtful
- a) MT: Phrasing simplified (MT/SI2:8)
- TD2:196-197 a) MT: Correlates feel
- a) MT: Exploring connection to MTy process (MT/SI8:58)
- a) MT: Strategic question change, establishing rapport (Douglas/SI8:35)
- a) MT: Reestablish coherent relatedness (MT/SI6:199)
- a) MT: Re-centring the discussion around music and motivation (MT/SI6:240-241)
- TD2:142-144 a) MT: Rhythmic continuity



MT Support & Encouragement

TD2:206-209 b) MT: Synchronous with soloist

TD1:102-105 a)MT: Supportive role TD1:35-38 c) MT: Encouragement

TD2:70-71 a) MT: Encourages participation with soloist

TD3:215-218 a) MT: Encourages participation

TD1:38-39 b) MT: encouragement

a) MT: Establishing rapport, encouraging more (MT/SI7:52)

a) MT: Encourages openness in engaging (MT/SI1:42-43)

a) MT: Working towards insight to emotion (MT/SI7:47-48)

a) MT: Encouraging further exploration (MT/SI8:28)

TD1:67-69 c) MT: Encouragement

a) MT: Encouraging elaboration (MT/SI3:9)

a) MT: Prompting responses with pointing, rephrasing questions (MT/SI2:14)

a) MT: Assuring client-controlled responses (Douglas/SI8:46)

a) MT: Probing previous response (MT/SI2:39)

a) MT: Attempting to establish more common ground (MT/SI5:33)

a) MT: Conveying sense of caring to client (MT/SI8:92-93)

a) Generally more conversation impetus provided by MT (Tiago/SI4:106)

a) MT: Assuring any answers are 'OK' (MT/SI8:16)

a) MT: Sympathetic, but must redirect (MT/SI6:48)

a) MT: Finding points of intersection in the process (MT/SI6:70)

b) MT: Repeating the phrase affirmatively (MT/SI6:55)

TD3:233-236 b) MT: Strategises balancing technique

TD3:134-137 d) MT: Towards group inclusivity

TD3:134-137 b) MT: Allows deviation

TD3:71 b) MT: Praises group

a) MT: Maintaining neutrality (MT/SI7:42-43)

TD3:7-10 b) MT: Wide scope emotionally

a) MT: Attempting to establish rapport (MT/SI3:11-12)

a) MT: Facilitating expression of world view (MT/SI6:155-157)

TD2:141-142 b) MT: Senses favourable moment

a) MT: Careful approach, soft tone (MT:SI1:201)

a) MT: Simple question helps to anchor (MT/SI6:73)

a) MT: Affirming expression and suggesting more (MT/SI7:17)

a) MT: Affirming towards further expression (MT/SI6:171)

TD1:117-118 a) MT:Addressing lethargic energy

TD3:140-141 a) MT: Actioning inclusivity

a) MT: Smiling, effort to establish rapport (MT/SI2:12)

b) MT: Smiling (MT/SI1:1)

POSITIVE EXPERIENCES OF MUSIC THERAPY

General Benefits

b) MTy: Continuation seen as beneficial (Larry/SI3:110)

a) MTy: reiterates suitability for people that understand (Andrew/SI6:295-298)



- a) MTy: Recommended for others (Douglas/SI8:144)
- a) Music as helpful in other aspects of life (Larry/SI3:107)
- a) MTy: Beneficial in different contexts (Thukile/SI5:123)
- a) MTy: Benefit to others (Larry/SI3:120)
- b) MTy: 'Fine' (Tiago/SI4:2)
- b) MTy: Worthwhile for others (Thukile/SI5:120-122)
- a) MTy: As beneficial (Lonwabo:SI1:213-198)
- b) MTy: Worthwhile, recommendable (Tiago/SI4:160)
- a) MTy: Worthwhile to continue attending (Douglas/SI8:140)
- e) MTy: Worthwhile endeavour (Tiago/SI4:16-17)
- e) MTy: Valuable use of time (Lonwabo/SI1:101-102)
- a) MTy: Recommended for others (Rocco/SI7:147)
- b) Participants formed a 'normal' group (Tiago/SI4:90-91)

Positive Thinking // Enhanced Thinking

- e) MTy: Diversion of negative thoughts and emotions (Andrew/SI6:115-121)
- b) Music inspires thinking (Andrew/SI6:8)
- b) MTy: Songs memorable (Larry/SI3:8)
- b) Medication as not the 'end of being' (Lonwabo:SI1:186-188)

Physical Wellbeing

b) Relief from physical illness/discomfort (Tiago/SI4:76-77)

Music Therapy Experienced As Enjoyable

- b) MTy: Desirable to continue (Samual/SI2:47)
- a) Indicating disappointment at ending (Douglas/SI8:138)
- a) MTy: Enhances normal self-state (Douglas/SI8:83)
- a) Saying yes both to the question and to the experience of MTy (Larry/SI3:45)
- c) MTy: Enjoying co-musicing (Andrew/SI6:82-84)
- b) MTy: Better experiences of music (Tiago/SI4:127-128)
- a) Sadness as sessions ending (Larry/SI3:110)
- b) MTy: Joyful place (Larry/SI3:111)
- a) MTy: Thorough enjoyment throughout (Douglas/SI8:49)
- c) An experience of goodness (Larry/SI3:125-127)
- c) MTy: Affords love of creating music (Andrew/SI6:114-115)
- a) Mty: Affords openness in a good way (Larry/SI3:72)
- e) MTy: Really enjoyable (Tiago/SI4:154-156)
- b) MTy: Enjoyment of drumming (Larry/SI3:5)
- b) MTy: Helping in sessions (Lonwabo/SI1:31)
- b) MTy: A desirable activity (Lonwabo:SI1:221-223)
- c) MTy: Positive impact on the body (Douglas/SI8:96)
- a) MTy: As cathartic event (Lonwabo:SI1:221-223)
- b) MTy: Inspires your best doing/giving (Lonwabo/SI1:50)
- a) MTy: Positive influence (Larry/SI3:89)
- a) MTy: Affords others happiness (listening) (Andrew/SI6:272)
- b) MTy: Good experience (Larry/SI3:3)
- c) MTy: Affords spiritual experience, access (Rocco/SI7:61)
- b) MTy: Space where pride and love can grow (Andrew/SI6:86-87)
- a) MT: MTy's beneficiality outside therapy space (MT/SI3:99)



- c) MTy: Good for ward members in Valkenberg (Samual/SI2:55)
- b) MTy: Affords sharing of beauty to others (Thukile/SI5:44-45)
- b) MTy: Affords opportunity to feel good (Larry/SI3:37)
- a) Positive feeling at conclusion of MTy (Andrew/SI6:264)
- d) MTy: Love of making music (Samual/SI2:33)
- a) MTy: Engenders positive feelings (Douglas/SI8:111)
- c) MTy: Great experience (Tiago/SI4:16-17)
- a) MTy: Feeling perfect when singing music (Thukile/SI5:117-118)
- TD3:199-201 b) Smile extends after solo
- a) MTy: Feels alright [good] (Thukile/SI5:6)
- a) MTy: Beneficial in a global sense (Larry/SI3:102)
- c) MTy: Restores lost connection of love (Lonwabo/SI1:116-117)
- a) MTy: Permanence of a positive emotion
- d) MTy: Affords opportunity to *love* doing... (Andrew/SI6:3)
- b) MTy: Affords a state of happiness (Andrew/SI6:58-61)
- b) MTy: Makes me feel good (Larry/SI3:98)
- d) MTy: Wellness for others too (Douglas/SI8:71)
- a) Heartfelt reiteration of love for the MTy process undertaken (Andrew/SI6:27)
- a) Linking wellness to playing an instrument
- d) Soul and body duality linked with MTy (Douglas/SI8:96)
- d) MTy: Enjoyment of activity (Lonwabo/SI1:101-102)
- c) MTy: Engenders an extremely ebullient response (Andrew/SI6:3)
- e) MTy: Where everything is better (Larry/SI3:51-52)
- a) MTy: Good for individuals (Larry/SI3:122)
- b) MTy: Positive impact on soul (Douglas/SI8:96)
- TD3:71-72 b) MT: Joyful, euphoric inner state
- b) MTy: Affords experiences of feeling good, wanting to dance (Tiago/SI4:149-150)
- a) MTy: Space where happiness can be 'made' (Douglas/SI8:146)
- b) MTy: Happy feelings (Samual/SI2:2)
- a) MTy: Love, as inner experience (Lonwabo/SI1:107)
- a) Mty: Feeling of well-being (Rocco/SI7:13)
- b) MTy: Beauty and feeling joy through doing music (Thukile/SI5:44-45)
- a) MTy: Positive experience of self in the group (Douglas/SI8:120)
- b) MTy: Good (Larry/SI3:20)
- a) Doing MTy engenders feeling of being alright, going well (Thukile/SI5:10-11)
- b) Linking wellbeing for self and others to drumming (Douglas/SI8:71)
- TD3:186-190 a) Transported by music
- d) Installed love of music, must continue in later life (Thukile/SI5:53)
- a) 'Loved' speaks to the depth at which MTy may have impacted (Tiago/SI4:30)
- b) Rapping in MTy: most enjoyable aspect (Tiago/SI4:20-21)
- b) MTy: Affords wellbeing through music activity (Douglas/SI8:69)
- d) MTy: Enjoyable experience (Tiago/SI4:16-17)
- c) Mty: Good overall experience (Rocco/SI7:5)
- b) MTy: Opportunity for engagement in something that the client loves, dearly loves (Andrew/ SI6:3)
- b) MTy: Can be a defined process, a satisfying conclusion (Thukile/SI5:127)
- c) Frames listening in MTy as a happy feeling (Larry/SI3:51-52)
- a) Childhood reflection of the love of music (Thukile/SI5:49)
- a) MTy: Positive experience (Douglas/SI8:148)
- b) MTy: Relationships unchanged outside therapy space (Douglas/SI8:126)
- b) Relateability in groups linked to abiding rules (Tiago/SI4:109-110)



b) Expressing affinity with MTy participants (Larry/SI3:76)

TD1:166 a) Soloist inspires group renewal

- a) MTy: Afforded positive group experience (Douglas/SI8:116)
- a) Communication in group fine (Tiago/SI4:90)
- c) Emphasis on group aspect of MTy (Lonwabo/SI1:90-91)
- b) Satisfaction of all being involved equally (Larry/SI3:125-127)
- a) Sessions wholly enjoyed (Andrew/SI6:80)
- a) Enjoyed MTy experience (Tiago/SI4:141)
- c) Positive music experience (Thukile/SI5:51-52)
- b) Sense of fondness remembering the sessions (Andrew/SI6:73-76)
- a) 'Bringing' and 'making' of highly meaningful music (Andrew/SI6:20-22)

TD2:225-226 a) Looks happy

TOGETHERNESS

Cohesion & Interpersonal Synchrony

TD3:229-231 c) Group cohesion

TD2:209-212 b) Group synchrony (brief)

- a) MTy: Affording group unity
- c) MTy: Affords combination into a unit (Lonwabo/SI1:131-132)
- a) Feels a part of the group (Tiago/SI4:86)
- a) MTy: Affords new experience in a unified group (Lonwabo/SI1:140-141)
- c) MTy: An inclusive group experience (Tiago/SI4:58-61)
- a) Sharing culture among participants (Lonwabo/SI1:161-162)

TD1:128-131 a) Group shared intent

TD3:186-190 c) Singular purpose

TD1:192-193 b) No leader

TD3:44-46 b) Most singing

TD1:39-40 a) Musically meaningful ending

TD2:172-174 a) '3' group theme (previous)

TD2:174-177 a) '3' group theme (current)

TD3:237-240 b) '3' pattern again, notes A,A,E (high,high,low)

- b) Sustains single thought through conversational turns (Lonwabo/SI1:140-148)
- a) Initially good conversational rapport, eye contact and responsiveness (Thukile/SI5:10-11)

TD1:136-138 a) Inter-personal responsiveness

TD1:43-44 a) Sensitivity to mutuality of the space

- b) Appropriateness of response (Tiago/SI4:4)
- b) Appropriateness of conversational response (Lonwabo/SI1:8-9)

TD1:142-144 a) Responsiveness to moment

e) Appropriateness and coherence in conversing (Lonwabo/SI1:29-35)

TD2:119-120 a) Supportive playing

TD3:229-231 b) All involved

TD1:157-158 a) Delicacy, gentleness

TD1:174-175 b) Cohesive mutual expression

TD1:155-156 a) Cohesiveness

TD1:44-47 a) Cohesion of expression

TD2:177-179 a) Theme carried through 3 participants

TD1:58-60 a) Sustained and increased coherent expression



TD2:115-118 a) Corrections inferenced somatically

- a) Good interpersonal rapport though uncomfortable subject (Tiago/SI4:40)
- a) Rapport at a faster pace, more interactive (Douglas/SI8:118)
- a) Describes group rapport, desirable to be a member (Larry/SI3:112)
- a) Great conversational rapport, seamless integration from MT to Larry (Larry/SI3:77)
- b) Capacity foe emotional expression (Lonwabo/SI1:114-116)
- a) Completing MT's sentence, and mutual momentum driving interjections: flowing conversationally (Lonwabo/SI1:119)
- b) Greater relatedness than through spoken conversation (Douglas/SI8:52-56)
- a) Generally shorter answers, but there is flow, relateability (Rocco/SI7:44)

TD2:239-242 b) Music making relaxed

- a) Clear effort and reestablishing conversational rapport (Andrew/SI6:213)
- a) Interjection accompanies more present focus (Andrew/SI6:50)
- a) Longer answer, speaking more broadly (Tiago/SI4:58-61)
- a) Interpersonal rapport(conversing) through movement and gesturing (Douglas/SI8:52-56)
- a) Answers readily and sincerely, makes eye contact (Andrew/SI6:3)
- a) More present quality discussing memory (Douglas/SI8:63)
- b) Healthy flow to conversation (Larry/SI3:31)
- a) MT: MT and client alliance allows further exploration (Larry/SI3:46-47)

TD3:147-149 a) Synchronous affective gesturing

TD2:135-140 b) Incorporates into whole

TD1:44-47 b) Extension of creative expression

- b) Confirming mutuality of understanding (MT/SI8:28)
- a) Congruency of reply relating to music (Thukile/SI5:66)
- a) Conversational ease, relaxedness (Tiago/SI4:125-126)
- a) Interrelating re-established (Thukile/SI5:100-101)
- e) More lucid thought, through retelling (Thukile/SI5:63-64)
- b) Use of my name for the first time (Tiago/SI4:170)
- a) MT: Conveying admiration in aid of rapport (Thukile/SI5:76)
- a) Simple forthright expression (Larry/SI3:98)
- a) More conversing, interrelating (Thukile/SI5:77-78)
- a) Interjections co-steering the narrative (Tiago/SI4:50-52)
- a) Interjects, but conversational rapport (Lonwabo/SI1:21)
- a) More ready rapport, better flow (Douglas/SI8:67)
- a) Improved rapport with MT continues (Samual/SI2:47)
- a) Interjection builds conversational building (Larry/SI3:20)

TD1:42-43 a) Affirmation of another's expression

- a) Facilitating 'found' narrative (Tiago/SI4:57)
- b) Awareness of fluctuating self-states (Lonwabo/SI1:90-91)
- a) Recognition of talent in others (Rocco/SI7:149)
- a) Interjection naturally conversational (Lonwabo/SI1:87)
- a) Conversational interaction smoother (Douglas/SI8:73)
- a) MT: Healthy rapport and relating (MT/SI6:112-114)

TD3:174-176 a) Participant created cohesion

TD1:50-51 a) Synchronous co-operation

TD2:114-115 a) Constant reassessment

d) Gives 5 words/concepts exactly. (Lonwabo/SI1:47-51)

TD1:144-145 b) Concerned with aesthetics

MTy: Shifts personality, becomes 'musical' (Rocco/SI7:51)

- c) MT: Better conversational rapport (MT/SI2:38)
- a) Healthy conversational rapport (Lonwabo/SI1:172-173)



a) Conversational rapport (Tiago/SI4:134)

TD2:98-101 e) Maintains 'present' quality

- a) Longer answer, feeling of willingness (Samual/SI2:45)
- a) Affable first response (Rocco/SI7:5)
- a) Better rapport with MT (Samual/SI2:17)
- a) Rapport still interactive (Thukile/SI5:87)
- TD3:116-118 a) Interpersonal synchrony
- TD3:212-215 c) Interpersonal synchrony
- TD1:73-75 d) Interpersonal synchrony
- TD2:106-111 a) Constantly adjusting
- TD3:123-124 a) Cohesion
- TD1:174-175 a) Breathing quality
- TD2:227-228 b) Cohesive groove
- a) Answers readily (Samual/SI2:40)
- TD2:209-212 b) Group synchrony (brief)
- Perceptible rapport (Larry/SI3:15)
- TD3:131-134 b) Congruent coordination
- TD3:236-237 f) Ebb and flow quality
- TD1:152-154 b) Unforced delivery
- TD2:65-67 b) Organised
- TD3:81-85 a) Gesture of help
- TD1:161-165 a) Coherence
- TD1: 75-77 a) Coherence
- TD2:98-101 b) Towards associative state
- TD1:73-75 c) Self-synchrony
- TD3:46-47 a) Shared focus
- TD3:81-85 c) Sparks similar deeds
- TD3:5-6 b) Advanced over sessions
- TD3:147-149 b) Unified concept
- TD2:60 b) Concentration
- TD3:212-215 d) Liminal blur
- TD2:135-140 c) Natural process
- TD1:174-175 b) Cohesive mutual expression
- TD2:56-58 b) Smiling <> laughter
- TD3:108-111 b) Smiles toward guitar
- a) Quite breezy quality (Lonwabo/SI1:8-9)
- TD3:199-201 a) Beaming again
- a) Bemused feeling, half smiling (Larry/SI3:37)

Relational Connection

- c) MTy: Creative space to play together (Thukile/SI5:19-20)
- b) MTy: A good experiential exchange (Thukile/SI5:3)
- b) MTy: Engenders loyalty (Andrew/SI6:82-84)
- a) MTy: Engenders empathy (Lonwabo/SI1:169-170)
- b) MTy: More openness (Larry/SI3:70)
- b) MTy: Enjoyed group musicing (Tiago/SI4:80)
- e) MTy: Love for group musicing (Samual/SI2:33)
- TD1:125-128 a) Inter-communicative music making
- TD2:174-177 d) Shares formula (C-D-D)
- TD2:72-73 a) Exact mirroring



TD1:122-123 a) Perseverative playing transformed by own voice

TD1:65-69 c) Participant communication with music intensity

TD3:110-111 a) Communication effort

a) Multiple interjections indicating encouragement, being understood and confidence (Lonwabo/SI1:134-136)

- a) Comfortable responding, rapport building (Rocco/SI7:7)
- a) Considered response, toned voice (Larry/SI3:33)
- b) Clear response, wanting to be heard (Samual/SI2:47)

TD1:54-55 a) Continuation despite 'interference'

TD1:48-50 a) Withstand surprise without stopping

TD2:88-90 a) Playing withstands looking

TD1:29-31 c) Musical mirroring

TD1:167-168 a) Inter-relatedness in group music

- a) Cordiality (Lonwabo/SI1:3)
- a) Said frankly, with eye contact, handshake (Tiago/SI4:170)
- b) Meaning conveyed through word use, subtle inflection, small gesturing (Rocco/SI7:33)
- c) Unselfishness, thinking of others wellness (Douglas/SI8:71)

TD3:78-79 a) Hinting smile

aTD3:76-78 a) Peeping enquiringly

TD3:210-212 d) Mutual eye contact

a) More open response, lilting vocal quality (Tiago/SI4:16-17)

Musical Synchrony

TD1:167-168 b) Ease of playing together

TD3:5-6 a) Group agreed on song

a) MTy: Creative space where 'the men' sing together (Andrew/SI6:58-61)

TD3:210-212 e) Mutual pause

TD1:140-141 b) Musically congruous ending

TD3:158-162 d) Defined contour

a) Sudden coherent expression (Douglas/SI8:96)

TD2:93-96 d) Reflecting soloist

TD2:105-106 b) Clearly audible in group

TD3:198-199 a) Length: 00:02:23 (Spontaneous group improvisation)

TD2:246-247 a) Soloist encourages participant (musically)

TD1:29-31 b) Attuning with soloist

TD1:173-174 a) Attuning with soloist

TD2:120-121 a) Playing to soloist

TD2:198-200 c) Synched with soloist

TD2:206-209 b) MT: Synchronous with soloist

TD3:154-155 a) Singing/playing alternating

TD1:158-160 a) Clear concept

TD1:84-85 a) Supportive accompaniment

TD3:222-223 a) Similar synching

TD1:158-160 b) Contoured music

TD2:126-131 a) Discernible pattern

TD3:173-174 a) Singing and playing

TD3:212-215 a) Chordal congruence

TD1:150-152 c) Affirmative lyrical content

TD3:55-57 a) Words/phrases together

TD2:236-238 a) Gentle playing



TD2:93-96 a) MT: Guitar as drum

TD2:60-63 a) Steady drum tempo

TD3:163-166 a) Not stating pulse

TD3:210-212 b) MT: Strums in pause

TD2:135-140 a) Gradual development

TD3:158-162 d) Defined contour

a) Soft music (Thukile/SI5:25)

TD2:126-131 c) Not pulse related

TD3:86-87 c) softly

TD3:237-240 e) Quieter

TD3:207-209 b) Soft volume

TD3:126-127 a) Inaudible participation

TD1:161-165 b) Four concurrent musical/mental/physical processes - melody and lyrics,

djembe, tambourine

TD3:46-47 c) Group performance

TD3:237-240 d) Sets up gentle 'wave'

TD1:50-51 b) attunement

TD3:128-131 c) Ringing out quality

TD1:100-101 a) Visually connecting with own instrument

Musical Coherence

c) MTy: Development of music performances (Thukile/SI5:77-78)

TD1:120-121 a) Lighter skipping quality vs Xylophone

TD2:126-131 b) Thematically related

TD2:170-172 c) Thematic similarities

TD1:139 a) Strong quality to music

TD1:97-98 b) Connection to pulse

TD3:86-87 a) Into musical silence

TD3:168-169 a) Steady accompanying

TD1:192-193 b) No leader

TD1:100-101 b) Light touch

D1:80-83 a) Identifiable patterns created

TD3:167-168 b) Floating above pulse

TD3:95-100 e) Steady repeat pattern

TD2:89-90 b) group singing

TD1:202-204 a) Rhythmic cohesion

TD2:121-124 b) Musically befitting entry

TD2:142-144 c) Maintain flow

TD2:191-195 b) MT notes: Soloist holding pulse

TD3:172-173 a) Coordinated accompanying

TD3:236-237 a) Singing but soft

TD2:230-233 a) Simple refrain

TD3:145-147 b) Tuneful and soulful

TD3:152-154 a) Musically informed gaps

TD2:65-67 a) Predictable

TD2:191-192 a) In 'pocket'

TD2:234-236 b) Inventive accompaniment

TD2:168-170 c) Reminiscent of professional

TD1:136-138 b) Participant sensitivity to musical change

TD2:234-236 c) Pulse with upbeat



TD2:168-170 a) Syncopation

TD2:60-63 b) Patterned repetition

TD2:209-212 c) Chanting and drumming

TD1:38-39 a) Melodically organised - ends on tonic

TD2:63-65 c) Verbatim sequence

TD1:23-25 b) Singing organised diatonically

Complex Musicality

TD2:174-177 c) Complex syncopation

TD3:92-95 b) Complex beat

TD1:19-21 c) Melodic phrasing

TD3:95-100 a) Bass/treble texturing

TD3:67-68 a) Participants navigate difficult music

TD2:126-131 d) Relationship of three's

TD2:245-246 c) Alters sonic landscape

TD3:131-134 a) Brim-full textural/rhythmic complexity

TD3:162-163 a) Conceptually rich

TD3:68-71 b) Participants accurate

TD3:158-162 b) Counter-melody

TD2:170-172 b) Drums melodic

a) Exploring more abstractly (MT/SI3:63)

TD2:81-83 a) Extended playing

TD2:215-217 b) Utilises full kit

TD2:217-219 b) Hand independence

TD1:77-79 b) Use of both hands in concert

Learning Experience

a) Experience of new musical skill through MTy (Larry/SI3:79)

b) MTy: Learning environment (Larry/SI3:122-123)

d) MTy: a learning 'excursion' (Lonwabo/SI1:124)

b) MTy: Motivates humble approach (Lonwabo:SI1:197-198)

a) MTy: Learning curve in group musicing (Lonwabo/SI1:128-129)

a) Seeing himself as there to learn in MTy group (Lonwabo/SI1:147-147)

b) MTy: Pedagogical expectation (Lonwabo/SI1:15-16)

c) Maxim: you learn until you die (Lonwabo:SI1:199)

Communication

b) MTy group: affords communication

b) Music as agent of communication, telling the world to set me free (Andrew/SI6:303-304)

a) More present quality, drifts back into communication (Douglas/SI8:94)

TD1:91-92 a) Inter-personal communication

TD2:42-44 b) Plain but silent communication

Positive Group Experience

TD3:12-15 d) Shared collective creativity

b) MTy: Positive group experience (Douglas/SI8:12)

c) Re-expressed desire to hear the group's music (Larry/SI3:31)

TD3:12-15 b) Value in group process

a) MTy: Opportunity to sing, and sing with others (Thukile/SI5:69-70)



- b) Enjoyed group musicing (Larry/SI3:60)
- e) Appreciates hearing everybody play (Larry/SI3:21-22)
- a) Respectful of group rules (Tiago/SI4:101)

TD1:194-197 b) Complimentary to group music

d) MTy: 'Good' space for group music (Thukile/SI5:22)

TD3:3-4 a) Group written song

TD1:192-193 a) Group improvisation

TD3:53-55 b) Togetherness in voice

d) Enjoys everybody in the musicing group (Larry/SI3:20)

TD2:197-198 a) Collective supportive

TD3:70-71 a) Group silence

- c) MTy: Offers enjoyable 'band' or group experience (Larry/SI3:20)
- b) Appealing quality to the group music (Andrew/SI6:135-136)

TD3:47-49 c) Memorised lyrics

Equality

- a) Concept of all having different voices (Andrew/SI6:158-159)
- b) MTy: Equally valid voices have opportunity to be meaningful (Andrew/SI6:159-161)
- b) Establishing coequality (Lonwabo/SI1:42-43)
- a) Quality invoked of equality before 'the voice' (Andrew/SI6:143-145)

MT Acknowledgement

- a) MT: Affording a different channel of communication (MT/SI2:56-57)
- a) MT: Affirming client, towards more open responses (MT/SI4:8-9)
- a) MT: Acknowledges response neutrally (MT/SI7:8)
- a) MT: Acknowledges authentic relating (MT/SI3:55)

TD3:155-158 a) MT: Acknowledges contribution

- a) MT: Acknowledges side-tracked answer but continues as per SI5 (MT/SI5:97-99)
- a) MT: Acknowledges participant presence (MT/SI1:1)
- a) MT: Acknowledgement in the new language (MT/SI6:55)
- a) MT: Pointing out affirming qualities (MT/SI4:92-96)

TD2:191-195 a) MT: Supporting expression

- a) MT: Validating memories accessed (MT/SI5:60)
- a) MT: Appreciates depth of conversing (MT/SI1:125)
- c) MT: Warm greeting (MT/SI1:1)
- a) MT: affirmation of the client (Tiago/SI4:102-105)

ACTIVATION

Motivation & Attentive Responsiveness

- b) MTy: Reframes therapeutic space as a listening environment (Larry/SI3:51-52)
- a) MTy: Requires devotion, devotional quality (Lonwabo/SI1:49)
- b) Interest in attending (Lonwabo/SI1:66-68)
- a) MTy: Motivates attentiveness, and an inner gesture of modesty (Lonwabo:SI1:196-197)
- b) MTy: Enhanced motivation generally (MT/SI7:135)
- a) Motivated to keep stability (Tiago/SI4:145-146)
- b) MTy: Motivational in further creativity (Rocco/SI7:153-154)
- d) Looking forward, wanting to be occupied, sees things positively (Lonwabo:SI1:205-208)



- c) Wise use of future time (Lonwabo:SI1:206-208)
- a) Motivated to be ones self (Tiago/SI4:136)
- b) Highly motivated to be ones self (Tiago/SI4:138)
- a) MT: Exploring motivational capacity (MT/SI6:218)
- d) Looking forward, wanting to be occupied, sees things positively (Lonwabo:SI1:205-208)
- a) Motivation as good without music/MTy (Larry/SI3:91)
- a) MTy: Afforded momentum going forward in life (Rocco/SI7:97-99)
- a) Alludes again to singing as an aid when cleaning (Larry/SI3:115)
- d) MTy: Strengthening of motivation (Thukile/SI5:100-101)
- b) MTy: Elicits curiosity to explore instruments (Tiago/SI4:30)
- b) MTy: Motivation to gain proficiency (Rocco/SI7:24-25)
- a) MTy: Help with motivation (Larry/SI3:93)
- a) MTy: Expression of others as motivating factor in daily life (Lonwabo:SI1:183-186)
- a) MTy: Inspire further musical pursuits (Rocco/SI7:153-154)
- TD3:122-123 a) Attentive readiness
- a) Challenging creative aspects of MTy (Lonwabo/SI1:11-12)
- TD3:215-218 b) Most participants respond
- TD1:198-199 a) Eager group participation
- TD3:81-85 d) Group responsivity
- TD3:229-231 a) Group responsiveness
- TD2:220-222 a) Holds group interest
- TD2:151-154 b) Group active
- a) Appreciated affordances of agency by MT (Larry/SI3:125-127)
- TD1:184-186 a) Resilience sustained interaction
- TD2:239-242 d) Precise playing
- TD2:60 a) Focused movement
- TD2:49-50 a) Looking intently at soloist
- TD3:199-201 e) Posture erect
- TD2:89-90 a) Extended attention on soloist
- TD3:235-236 a) Attention reverted
- a) Showing interest, furrowed brow (Douglas/SI8:59)
- a) Interested quality (MT:SI1:174)
- TD2:219-220 a) Participant interest
- c) Attentiveness (Lonwabo/SI1:3)
- TD2:39-40 a) Marked attentiveness.
- TD3:163-166 b) Attentive
- TD2:75-78 a) MT: Keeping attention on soloist
- TD2:56-58 c) Attention to soloist
- TD2:89-90 a) Extended attention on soloist
- TD3:210-212 a) Soloist pauses
- TD1:65-69 a) Sustained musical activity despite 'interference'
- TD2:163-164 a) Soloist more upright
- TD3:225-226 a) MT: Maintains soloist focal point
- TD2:200-202 c) Observing soloist
- TD3:172-173 b) Eyes on impromptu soloist
- TD3:169-172 b) Eves on impromptu soloist
- TD2:98-101 d) Looking at soloist
- TD2:83-90 b) Looks at soloist
- TD3:196-198 b) Eyes soloist
- TD2:242-243 b) Soloist eyes guitar
- TD2:238 a) Looking at soloist



TD1:58-60 b) Group-directed momentum

TD3:53-55 c) Participant driven momentum

TD2:121-124 a) Waiting alertly

TD3:57-59 a) Absorbed

TD3:92-95 d) Straight posture

b) Readily sings, invested in the process (Douglas/SI8:103)

TD1:170-173 c) Evident investment

TD3:73-76 a) Waiting, eyes raised

TD3:168-169 b) eyes up

TD2:205-206 a) Looks up

TD2:54-56 b) Wider eyes

TD1:152-154 c) Looking up accompanies music solo

TD3:118-119 a) Group eye contact

TD1:27-28 a) Eye contact

TD2:98-101 a) Trained on MT's guitar

TD2:50-52 b) Interactional observance

Awakening

- a) MT: Demeanours drastically improved from ward to therapy space (MT/SI4:70)
- c) Stimulation due to MTy (Lonwabo/SI1:67-68)
- a) MTy: Exciting (Lonwabo/SI1:47)

TD2:115-118 d) Visually and aurally stimulated

- c) Music as giver of life (Rocco/SI7:13)
- b) MTy: Caught attention (Lonwabo/SI1:47)
- b) MTy: Stimulating, but now 'back to square one' (Lonwabo:SI1:203-204)

TD3:46-47 b) Group concentration

TD1:170-173 a) Silent participant drawn into group expression

a) Spontaneous feeling, exclamatory (Thukile/SI5:120)

TD2:115-118 d) Visually and aurally stimulated

Agency & assertiveness

TD2:198-200 a) Initiates instrument swop

- c) Music affords agency of creation to the creator (Andrew/SI6:23-24)
- a) MT: Acknowledging perceived agency (MT/SI5:90)
- a) Sets own limits (Tiago/SI4:55-56)

TD2:12-13 a) Initiates leadership

D3:224-225 a) Initiates singing again

- b) Agency of music use in own capacity (Larry/SI3:102-103)
- a) Moving back towards interview questions(Thukile/SI5:62)
- a) Maintaining personal agency (Thukile/SI5:90)
- b) Spontaneity in reminiscing shared experience (Larry/SI3:15)
- a) Initiates conversational continuation (Tiago/SI4:28)

TD2:203-204 a) Directs through music

TD2:249-251 b) Group agency

TD2:249-251 a) Participant spontaneous singing

TD2:144-145 a) Participant initiates move

TD3:158-162 a) Participant initiated instrument swop

a) Agency in setting limit of 'Nothing more' (Tiago/SI4:80)

TD1:11-12 a) Engaging with voice as first choice.

TD1:31-33 a) Choice not to play



TD2:35-37 b) Gentle assistance to participant

TD1:60-62 a) Personal initiative

TD1:204-206 a) Participant initiated (future) group activity

a) Furthering agency of client (Rocco/SI7:60)

b) Performance-oriented outlook (Rocco/SI7:65-67) -

TD1:199 a) Continuation of group music beyond activity

TD3:186-190 b) Total concentration

TD2:213-214 a) Initiates stop

TD1:57-58 a) Participant initiated expression

TD1:50-51 c) Soloist initiates contribution

b) Agency in expressing unmet need (Tiago/SI4:28)

a) Questioning non-music related direction (Andrew/SI6:91)

TD1:15-18 b) Initiates song choice

TD3:218-219 a) Extends range

TD2:7-8 b) Assertive communication

TD1:89-90 a) Choice not to play

TD2:189-191 b) Experiments then settles

TD2:200-202 a) Changes style

TD3:232 a) Singing remains powerful

TD3:111-114 a) Spontaneity new feature

TD1:133-135 a) Soloist initiates own music change

TD1:133-135 b) Agency in changing group's music direction

a) Definitive response (Rocco/SI7:135)

d) Agency in continuing story (Thukile/SI5:63-64)

TD3:127-128 a) Spontaneous between activities

a) Slightly higher intonation, and assertive (Lonwabo/SI1:15-18)

b) Agency in controlling own response (Larry/SI3:24)

c) Reclaiming agency to understand (Lonwabo/SI1:42-43)

b) Creating musical pauses

TD1:64-65 a) Assertive self-expression

TD3:86-87 b) Initiates djembe

TD1:189-190 a) Initiates instrument swop

TD3:141-142 a) Spontaneous initiative

TD3:141-142 b) Agency

TD2:19-20 a) Participant suggested efficiency

TD3:196-198 a) Participant stops

TD2:35-37 c) Participant lead direction

TD2:28-32 c) Pointing commands

TD3:52-53 a) MT: Hands music over to group

TD3:237-240 a) Soloist initiates slower tempo

TD1:87-89 a) Passive involvement

TD3:241-242 a) Soloist stops

TD3:89-91 b) MT: moves from group

b) Unequivocal response (Tiago/SI4:52)

TD2:230-231 b) Uninvited

TD2:219-220 b) Playing initiative

TD3:103-105 d) Participant agency

D1:202-204 c) Active agency

TD3:53-55 d) MT: No guiding

TD3:103-105 b) Firm request

TD3:196-198 d) Soloist offers guitar



b) Agency of owning experience (Larry/SI3:48)

TD2:67-68 b) Initiative encouragement

TD3:241-242 b) Group stops

TD3:196-198 c) Soloist stops

TD3:186-190 d) MT: Participant lead conclusion

TD2:24-25 c) Participant intention

b) Agency in owning memories (Larry/SI3:10)

TD1:39-40 b) Agency

a) MT: Affirming agency in choosing own self-perception (MT/SI7:129)

a) Agency in initiating playing own instrument (Thukile/SI5:69-70)

a) MT: Affirms responses in deference to agency (MT/SI4:41)

a) MT: Describes aspects of agency (MT/SI1:22-28)

TD2:20-23 a) Participant designs activity

TD1:60-62 b) Creative autonomy

a) Raised inflection, feeling of finality (Larry/SI3:24)

TD2:6-7 a) Nonchalant acknowledgement

a) Reasonably clear affirmative response (Samual/SI2:55)

TD3:128-131 b) Uses all strings on instrument

TD2:48-49 a) Turning away

TD2:48-49 b) Breaking adjacency

a) Stubborn quality (Samual/SI2:24)

a) Emphatic response, wanting to be understood (Andrew/SI6:5)

a) Acted out, performed convincingly (Andrew/SI6:187-198)

TD2:165-166 a) Instrument choice

TD2:46-47 a) Purposeful environmental adjustment

TD2:65-67 c) Certitude

TD2:40-41 a) Initiating interaction

a) Keeping composure, and abiding the group rules (Tiago/SI4:92-96)

TD2:144-156 b) Strategic silence breaks tempo

TD1:150-152 b) Risk taking

TD2:213-214 b) Ending after phrase

TD1:12-19 b) Group listens to singer

a) Listening intently (Tiago/SI4:73)

TD1:129-131 a) Participant invested, but inaudible

TD3:207-209 a) New gentle direction - agency

TD3:53-55 a) Participant buoys song

TD1: 75-77 b) Attempts at co-ordination

TD2:103-105 a) Tambourine below knees

TD3:47-49 a) Loud participant

TD2:73-75 a) Repositions instrument

TD2:110-112 a) Behind pulse, average

TD2:50-52 a) Playing halted

TD1:44-47 c) Willingness to join

TD1:193-194 a) Careful to respect instrument

a) Strongly makes point (Andrew/SI6:82)

a) Seems clear about stating this (Samual/SI2:50)

TD1:12-19 b) Expectancy of some performance

bTD3:80-81 a) Anticipating, eyes raised

b) Emphatic about liking the guitar (Samual/SI2:15)

TD3:55-57 c) Enthusiasm

b) MT: Question calm, with authentic curiosity (MT/SI2:32)



a) Said with more certainty, even smilingly (Samual/SI2:9)

TD1:96-97 a) Inwardness to outer expression

TD3:105-108 a) Shifting demeanour - extroverted feel

- d) Reflecting inner growth; Concept of 'growing' through music (Lonwabo/SI1:34-35)
- b) Element of 'giving birth' to music in the world (Andrew/SI6:23-24)

Sense of Achievement & Self-Belief

- a) MTy: Affords sense of accomplishment, like making a CD. (Andrew/SI6:268-270)
- d) Music engenders strong pride under difficult circumstances (Andrew/SI6:10-12)
- b) Happy about finished, polished music, not ending therapy (Andrew/SI6:268-270)
- b) Life without music and MTy causes doubt (Larry/SI3:91)
- b) MTy: Exploration of individual's talents (Rocco/SI7:149)
- b) MTy: Awakened self-belief in personal talent (Rocco/SI7:97-99)
- a) MTy: Affords strength (Andrew/SI6:130)
- b) Exploring talent/motivation link (MT/SI7:129)
- a) Juxtaposition of self-belief with motivation (MT/SI7:128)
- b) MT: Exploring talent/motivation link (MT/SI7:129)

TD3:103-105 a) Prototypical confidence

TD1:73-75 a) Conviction

a) Strongly positive self-concept (Rocco/SI7:88)

TD1:152-154 a) Self-confidence in creativity

TD2:245-246 b) Assured manner - self-belief

TD2:59 a) Solid confident stroke

TD1:119-120 a) Burgeoning confidence

TD3:92-95 c) self-assured

TD2:203-204 d) Confident drumming

a) Declarative statement, sense of accomplishment (Thukile/SI5:127)

TD3:128-131 a) Confident stroke

TD1:202-204 b) Conviction in performance

a) Initial reluctance to participate, interest developed in session. (Lonwabo/SI1:66-67)

High Energy

TD1:80-83 d) Building musical momentum

TD2:93-96 b) Animato

TD2:65-67 d) Increasing volume

TD1:23-25 a) Pacy vocal delivery (though still flat)

- a) MT: Tiago last to leave session, playing all the while, smiling, energetic (Tiago/SI4:50)
- a) Immediate response, and still up tempo throughout (Lonwabo/SI1:99)
- a) Accelerated response, slightly higher pitched (Rocco/SI7:59)
- a) Slightly raised energy, twinkle in his eye (Samual/SI2:33)
- a) Responds quickly and clearly (Larry/SI3:35)
- a) Immediate, sure-footed response (Larry/SI3:51)
- a) Answers are coming more up tempo (Larry/SI3:64)
- a) More conversational rapport, tempo increased slightly (Tiago/SI4:20-21)
- a) Quickened tempo, businesslike tone (Lonwabo/SI1:45)

TD2:189-191 a) Tempo increase

TD2:170-172 a) Tempo increase

TD1:168-170 a) Increased energy, lower tempo

a) Said with a smile, up-tempo response (Samual/SI2:2)

TD1:201-202 a) Vigorous participant engagement



TD3:184-185 a) Speedy

TD3:184-185 b) Intensity

TD2:26-28 a) MT: Quick to react

TD3:220-222 a) More energy

TD2:165-166 b) Rapid decision making

TD2:220-222 a) Fresh, bouncy tone

TD3:114-116 a) Invigorated vitality affect

a) Quick response (Larry/SI3:54)

TD2:227-228 a) Immediate solo

a) Both singing enlivens the energy (Larry/SI3:15)

TD3:118-119 a) Group eye contact b) Ascending demeanour

TD2:145-147 a) Group song vigorous

a) Significant rise in energy (Samual/SI2:15)

TD3:233-236 c) Radicalises tempo

TD2:145-147 b) Shifting energy

TD3:196-198 e) Instantaneous

TD2:198-200 b) Renewed vitality

TD3:128-131 e) Upbeat feel, tempo

TD2:4-6 b) Abrupt active to passive

TD1:50-51 b) Increased vitality

TD2:217-219 a) Rapid

TD3:95-100 c) rapid strokes

TD2:150-151 b) Liveliness

TD3:72-73 a) expectancy, quickening

TD1:147-150 a) Building crescendo

TD2:223-226 a) Plays quick pulse

TD2:245-246 a) Louder shaker

TD3:59-66 e) Loudest voice

fTD1:80-83 e) high volume

Leadership

b) MTy: Enjoyable leadership through activities (Douglas/SI8:65)

TD2:16-17 a) Instructing others

TD2:13-14 a) Commanding others

a) Leadership quality (Lonwabo/SI1:151-154)

b) MTy: Afforded personal strength in leadership (Thukile/SI5:77-78)

TD1:140-141 a) Exercising leadership

TD3:137-139 a) Leading creativeness

TD1:146-147 a) Assuming leadership role

TD1:60-62 c) Self-engagement in leadership

TD1:29-31 a) Acceptance (by participant) of soloist's leadership

TD2:106 b) Accepting leadership

TD1:190-191 b) Following initiator

TD1:136-138 e) Comfort in leading others

TD1:186-187 a) Reverting to leader

TD1:173-174 b) Accept leadership

TD1:136-138 c) Accepting of leadership

TD1:166 b) Willingly accept leadership



TD2:106 a) Following soloist

TD2:191-195 c) MT: Direction from leader

TD2:110-112 c) Following soloist TD3:235-236 b) Soloist reinstated

FLEXIBILITY

MT Exploration

- a) MT: Hoping to distill general experience to more specific feelings (MT/SI3:49-50)
- a) MT: Attempting to widen scope (MT/SI2:62-63)
- a) MT: Exploring possible avoidance (MT/SI4:36-37)
- a) MT: Looking at how to take music further (MT122-124)

Individuality Within Group

TD1:101-102 a) Personal space within group

TD3:15-16 b) Group supports individuals

TD1:186-188 a) Group reflects an individual's creativity

TD1:129-131 b) Part of group musical performance, soundless

TD2:119-120 b) Concentration on self

TD2:168-170 e) Focussed on self

TD2:63-65 b) Flexibility drum choice

TD2:106-111 b) Suggests flexibility

b) Personally immersed yet musically cognisant

Creative Expression

- a) MTy: Affords soloist opportunity for expression (Thukile/SI5:73)
- b) MTy: Affords expression of the world (Rocco/SI7:13)
- c) MTy: Place where one plays the self, not something that anyone else can explain (Thukile/SI5:81-84)
- b) MTy: Affords personal play in rap (Tiago/SI4:20-21)
- b) Element of 'giving birth' as creating music (Andrew/SI6:23-24)
- d) MTy: Offers a 'within' space for self-expression (Larry/SI3:51-52)
- a) MTy: (Larry/SI3:67) Storytelling in music
- b) MTy: nice to create (Lonwabo/SI1:11-12)
- a) MTy: Affords personal expression (Tiago/SI4:23)
- a) MTy: Offers creative fulfilment
- TD3:134-137 c) MT: Reasoning: Unprecedented self-expression
- TD1:132-133 a) Participant dual musical roles (same singing/ changed playing)
- TD3:1-2 c) Self-expression
- TD2:227-228 d) Both hands engaged differently
- TD2:200-202 b) Expressive elaboration
- TD2:132-135 b) Expressive elaboration
- TD3:186-190 e) Accompaniment as solo
- TD1: 69-72 a) Individual engagement with music instrument
- TD2:157-158 a) Slow sombre feel
- TD2:125-126 a) Free-flowing melody
- TD3:205-207 a) Suggests bird call
- TD2:182-185 c) Floppy or fuzzy sound



TD1:35-38 a) MT: Arrhythmic musical accompaniment

TD2:164-165 a) Experimentation in solo

TTD1:80-83 b) creative expression

TD3:167-168 a) Progressive melodic concept

TD1:190-191 a) Creative mirroring

TD3:167-168 c) Juxtaposing paradoxical musical concepts

TD1:158-160 c) Finished art work

TD2:205-206 b) Tuneful, gruff singing

TD2:182-185 b) Arresting texturally

a) Comfort in the creation of music (Andrew/SI6:153-154)

TD2:215-217 a) 'Mainstream' drum solo

TD3:202-203 a) Strings up, comfortable

TD3:209-210 a) Nonchalant shaker

TD2:182-185 a) Drum-roll effect - creative expression

TD3:224-225 b) Similarly loud, tuneful

TD2:125-126 b) Rubato phrasing

TD2:229-230 b) MT: Riffing

TD2:126-131 e) Stretched out phrasing

TD3:154-155 b) Djembe flourish

TD3:143-145 b) Gravelly voice

TD2:206-209 a) MT: 'chopping' chords

TD1:15-18 a) Repetition of music material

TD1:22-23 a) Descending vocal endings.

TD2:167 a) Tempo with pauses

TD3:158-162 c) Half-time pulse

TD2:63-65 a) Plays each instrument

TD2:227-228 c) Hiphop genre

) Thukile's band name 'ZA Vibration' (Thukile/SI5:63-64)

TD3:87-88 b) Participant diminuendos

b) Reggae music (Thukile/SI5:25)

TD3:150-151 a) Affirmative lyrics

a) Continues in his highly expressive tone (Andrew/SI6:7)

b) Music as storytelling process (Rocco/SI7:156-157)

b) Singing as 'wind language' (Andrew SI6:297)

TD3:6-7 a) Song as vehicle

TD1:118-119 a) Tender quality immediate with

TD1:118-119 b) Intimate quality

a) Repetition adds emphasis, meaningfulness (Rocco/SI7:61)

TD1:144-145 a) Mood construction through music

TD3:199-201 c) Jauntily angled cap

TD1:147-150 b) Creating atmosphere

TD3:152-154 b) Music can breathe

TD2:160-161 a) Ballade

TD3:1-2 c) Self-expression

TD2:83-90 a) Unfocussed eyes after playing

Increased Range of Expression/Experience

b) MTy: Affords many and *more* experiences (Larry/SI3:45) [Researcher's italics]

a) MTy: Affords a new experience (Rocco/SI7:46)

a) MTy: Leads to different experience of the self (Larry/SI3:41)



- a) MTy: Affords experience of playing instruments (Tiago/SI4:33)
- b) MTy: New experiences in playing (Tiago/SI4:58-61)
- b) MTy: A way to know music (Tiago/SI4:55)
- a) MTy: Access to romantic sphere (Rocco/SI7:13)
- a) Enjoyed workshopping poems into song (Thukile/SI5:18-19)
- b) Fondness for workshopped group song (Larry/SI3:10)

TD2:239-242 f) Full solo kit

TD1: 69-72 c) Extends self-expression on instrument

TD2:203-204 b) New territory

d) MTy: Offers expressive experiences of self (Lonwabo/SI1:116-117)

TD1:19-21 b) Spoken word to song

TD1:150-152 a) Participant dual music roles (playing/singing)

TD2:203-204 e) Chanting

TD2:34-35 b) Communicates new direction

TD2:203-204 c) Soloist adds singing

Relational Give & Take

- b) MTy: Mutuality of musical exchanges, turn taking (Thukile/SI5:19-20)
- a) MTy: Process of following each others music (Thukile/SI5:108-113)
- c) MTy: Openness to learn from others (Lonwabo/SI1:51)

TD1:108-110 a) Fellow participant musically addressing perseveration

TD3:15-16 a) 'Sing and be sung to'

- a) MTy: More willingness for interactivity (Larry/SI3:74)
- a) MTy: Affords communication (Thukile/SI5:81-84)
- b) MTy: More openness (Larry/SI3:70)

TD1:86-87 a) Giving others turns

- a) MTy: Fun participating in group (Tiago/SI4:88)
- b) MTy: Turn taking in listening and playing (Tiago/SI4:115-117)

TD1:12-19 a) Group waits for singer

TD3:12-15 a) Workshopped

TD3:111-114 c) Initiates prototypical contact

b) Responds easily to quantified request (Tiago/SI4:16-17)

TD1:40-42 a) Soloist elicits individual response

TD2:83-90 c) Attention from self to soloist (repeated)

TD1:26 a) Soloist elicits individual response

TD1:10-11 b) Sings in designated turn

TD1:10-11 a) Turn taking

TD2:142-144 b) Carries motif from soloist

TD2:120-121 b) Improvising with soloist

TD1:189-190 b) Retains musical connectedness

TD1:27-28 b) Soloist elicits individual response

TD2:110-112 b) Listening revealed through adjustment

TD1:65-69 b) Inter-communicality through eye contact

TD3:210-212 c) Soloist responds to MT

TD2:125-126 c) Superimposed on soloist's music

TD1:29-31 d) Participant matching soloist's vitality

TD1:55-56 a) Inter-personal affirmation (soloist and MT)

TD3:210-212 f) Soloist strums, MT responds

TD1:127-128 a) Dynamic responsiveness

a) Response quick, clearly spoken. More sprightly demeanour (Samual/SI2:36)



- b) Feels authentic, but unusual response for this client (Samual/SI2:33)
- c) Feel the experience / experience the feel (Larry/SI3:48)

Experience of / Sense of Freedom

- b) MTy: Real sense of freedom (Andrew/SI6:306-309)
- a) MTy: Creates freedom within difficult circumstances (Andrew/SI6:112-114)
- b) MTy: Inner trapped states become freed (Lonwabo:SI1:221-223)

TD2:168-170 b) Freed playing TD3:1-2 b) More freedom

Expressive Movement

TD3:95-100 d) Flourish both hands

TD2:8-10 a) Emphatic gesturing

TD3:59-66 c) Head to pulse

TD2:7-8 b) Non-verbal communication

TD2:234-236 a) Nods to beat

TD2:121-124 c) Nodding to pulse

TD2:209-212 a) Nodding to music

TD2:37-38 a) Springs up in response

TD2:151-154 a) Signs of busyness

TD2:220-222 b) Snappy wrists

TD2:32-34 c) quickly sits

TD2:149-150 a) Fingertips only

TD2:105-106 a) Flicks wrist

a) MT: Gestured go-ahead (MT/SI1:4-5)

TD2:230-233 b) Visual cues

TD2:179-182 a) Fingertips flam

TD2:179-182 b) Curled fingers

TD2:159-160 a) 'Clawing' strike

a) Engaging, using hand gestures (Thukile/SI5:3)

TD3:152-154 b) MT: Strategic shaker offering

TD3:169-172 a) Affective gesturing

TD1:73-75 b) Reflects own music in body movement

TD1:170-173 b) Creative expression through movement

TD3:59-66 d) Taps foot

TD3:59-66 a) Subtle body movement

TD3:59-66 f) Swaying forward and back

TD2:248-249 a) Movement to music

TD2:81-83 b) Lip movement, inaudible

TD2:56-58 a) Somatically carried meaning

TD3:78-79 b) Swivelling legs

Variation

TD1:77-79 a) Textural and rhythmic variation

TD3:204-205 a) Experimental sound play

TD1:80-83 c) Developing musical theme

TD2:174-177 b) Embellishes theme

TD2:132-135 a) Introduces variation

TD1:128-131 b) Participants create/change quality of music



- b) Exceedingly varied vocal inflection, almost a singing response (Andrew/SI6:3)
- b) Consistent eye contact, and varied vocal inflection (Thukile/SI5:63-64)

TD1:108-110 b) Introducing variation/texture appropriately

TD3:95-100 b) 3/4

a) New quality to the voice, much softer (Andrew/SI6:223-224)

Emotional Experience and Expression

- d) MTy: 'Feel the experience' Emotional experience (Larry/SI3:48)
- a) Longing to feel freedom out in the world (Andrew/SI6:306-309)
- b) MTy: Affords expression of emotion (Larry/SI3:43)
- a) MTy: Singing as cathartic experience (Larry/SI3:95-96)
- c) MTy: Initiates relief (Lonwabo:SI1:221-223)
- b) MT: Encourages emotional expression (MT/SI1:22-28)
- a) Emotions triggered by intense experiences (Lonwabo/SI1:83-84)
- a) Tuneful, soft, lilting quality to song (Douglas/SI8:103)
- a) MT: Authentic gratitude (MT/SI2:65-66)
- a) Clear expression of disappointment (Larry/SI3:31)
- a) Enjoying a lighter, authentic moment (Tiago/SI4:121)

TD1: 69-72 b) Varied self-expression

TD2:248-249 b) Soloist 'moved'

TD3:241-242 c) Soloist authentic smile

- a) Affably stated, with warmth (Tiago/SI4:160)
- b) Tragedy of the story carried in voice (Andrew/SI6:252-259)

TD3:191-195 a) Lyrics supplicating quality

- a) Voice inflects, regretful feeling (Larry/SI3:17)
- c) Somatic/emotional description (Rocco/SI7:33)
- a) Genuine openness (Larry/SI3:48)
- a) Growing softer, vulnerable feeling (Larry/SI3:43)
- a) More animated voice, more open eyes, sincere feeling (Rocco/SI7:156-157)
- a) Also authentic, but clear contrast with previous answer (Thukile/SI5:44-45)
- a) Feels authentic, true expression of self (Thukile/SI5:40-43)
- b) Singing as seat of feeling in music (Larry/SI3:64)
- c) Music carries the dreams of people (Andrew/SI6:9)
- a) Almost angry, impassioned voice (Andrew/SI6:303-304)
- a) Proudness of participants achievements (Andrew/SI6:135)

TD3:143-145 a) Authentic emotional expression

- a) Smiles genuinely and looks the MT in the eyes (MT/SI2:66)
- a) Mutual warmth, sentimental moment (Douglas/SI8:151)
- c) Poignant moment, client begins to opens up (Larry/SI3:43)
- b) The flat tone not carrying the meaning, but the eyes are (Samual/SI2:45)
- b) Feels like an authentic response (Thukile/SI5:100-101)
- a) Authentic response, slight nod (Douglas/SI8:51)
- a) Candid response, vulnerable again (Larry/SI3:70)
- a) Effort at relating authentic experience (Tiago/SI4:62-69)
- a) Authentic expression of emotion (Andrew/SI6:86-87)
-) Pride in gaining knowledge (Larry/SI3:79)
- a) Genuine feeling, immediate response (Larry/SI3:3)

TD3:177-183 a) Lyrics tinged with melancholy

a) Gently spoken (Douglas/SI8:107)

TD3:108-111 a) Beaming



b) Simple need for joy (Douglas/SI8:146)

TD3:10-11 a) Genuine importance

TD3:71-72 a) Significant moment of silence

- c) Significant, thoughtful pause (Lonwabo/SI1:33)
- a) Genuine appreciation (Rocco/SI7:160)

TD2:79-80 b) Face carries expressive content

- a) Very softly spoken (Larry/SI3:13)
- a) Warm ending, eye contact (Andrew/SI6:323)

TD3:1-2 a) Letting go

TD3:71 a) MT: Sincerely moved

a) Faint, sincere smile (Larry/SI3:10)

TD3:110-111 b) Smiling and Laughing out

- a) Though in MTy sessions: smiling, expressive affective gesturing (Samual/SI2:30)
- a) Laughter not fatuous, humorous(Larry/SI3:85)

Abstract Thinking

- b) Coherent abstract thought (Lonwabo/SI1:78-79)
- e) Fairly philosophical concepts considered (Andrew/SI6:7-16)
- b) Positively characterises individual diversity (Lonwabo/SI1:130-131)
- b) Lucid distillation of thought and concept (Lonwabo/SI1:45)
- d) Raises some abstract concepts (Rocco/SI7:13)
- b) MTy: Proffers music as relationship 'other' (Rocco/SI7:21)
- a) Music as romantic comfort, a partner (Rocco/SI7:21)
- a) Linking emotions to grief and pain (Lonwabo/SI1:78-79)
- b) Thought process linking 'something there' to 'unity' (Lonwabo/SI1:136-137)

TD2:20-23 b) Some conceptualisation

TD2:20-23 c) Non-concrete ideation

INFLEXIBILITY

(Emotional Withholding) Withdrawal & Blunted Affect

- a) Businesslike manner (Tiago/SI4:4)
- b) Face is drawn, blank affectively (Rocco/SI7:5)

TD2:91-93 a) Blank stare

- a) Affectively bare (Samual/SI2:22)
- c) Vacant staring (Douglas/SI8:88)
- c) Tone is flat (Rocco/SI7:5)

TD1:19-21 a) Relatively flat vocal delivery

- a) Flat affectively, words mumbled, arms folded (Douglas/SI8:8)
- a) Client suggests medically induced emotional withdrawal (Lonwabo/SI1:90-91)

TD2:44-45 a) Mechanised quality

a) Returns to fairly blank affect (Larry/SI3:4)

TD1:154-155 a) Blank affect

b) Blank affect (Samual/SI2:7)

TD2:239-242 c) Disengaged visually

TD2:239-242 a) Impassive affect

TD2:115-118 c) Blank affect

TD2:244 a) Blank affect



- a) Returns to fairly blank affect (Larry/SI3:4)
- a) Distracted, looking sideways now (Andrew/SI6:29)
- b) Eyes looking downward, very ponderous energy (Douglas/SI8:6)

TD2:91-93 c) Episodic heavy exhale

TD1:94-96 a) Retreating vitality affect

TD2:96-97 b) Ponderous surveyance

- a) Extremely Soft, withholding quality (Douglas/SI8:23)
- b) Motivation factor in life hard (Larry/SI3:85)

TD2:4-6 a) Ends Resignedly

TD2:14-15 b) Compliance to fellow participant

- c) Exploring emotional responses avoided throughout (Tiago/SI4:40)
- b) 'Just' and 'nothing more': Limit engaging further (Tiago/SI4:8-9)
- b) Again setting limit for further engaging (Tiago/SI4:40)
- b) Possibly compliant, to please (Lonwabo/SI1:119-122)
- b) Considered presentation of emotional detachment (Lonwabo/SI1:78-79)
- a) No emotional impact, moderately stable (Tiago/SI4:70)
- b) Not troubled by everyday 'stuff' (Lonwabo/SI1:83-84)

TD2:79-80 a) Searching, unsure quality

TD2:53-54 b) Inwardly directed

- a) Sighing, effortful (Larry/SI3:5)
- c) Guarded (Tiago/SI4:2)

TD1:9 a) Compliance

TD2:37-38 b) Uncertain demeanour

a) Rapport still brisk, but a tired quality (Douglas/SI8:126)

TD2:10-12 a) Head bowed

TD2:1-3 b) hunched over

TD2:10-12 c) Shoulders hunched

- a) Incomplete gesture, arms back to folded (Douglas/SI8:12)
- a) More shut down, retreating into self (Douglas/SI8:32)
- a) Accompanied by an incomplete thumbs up gesture (Samual/SI2:20)
- b) Feeling of tiredness (Larry/SI3:82)

TD2:10-12 d) Contracted bearing

Disjointed Relational (withdrawal&Conversational Flow) Responses/Engagement

- a) Single word answers, softly spoken with blank affect (Douglas/SI8:38-45)
- a) Rapport receding, more vacant staring (Douglas/SI8:88)
- a) Rapport receding (Douglas/SI8:88)

TD1:154-155 c) Appears disconnected

- a) Drawing back quality, vacant expression, sense of drifting (Douglas/SI8:85)
- a) Sense of being stuck in unrelenting narrative (Andrew/SI6:252-259)

TD1:109-111 a) Unresponsive to musical suggestion

- a) MT: Rapport has lessened, building it up again (MT/SI7:115-117)
- b) Repetition of the same answers (Samual/SI2:24)
- a) Ambiguous, far-away, low response (Rocco/SI7:35)
- a) Quieter, withholding quality (Samual/SI2:7)
- a) Flat tone, not smiling (Rocco/SI7:84)
- a) Distracted response, as if deep in thought (Douglas/SI8:106)
- a) Flat tone continues (Rocco/SI7:24-25)



TD2:96-97 a) Sedate, unfocussed

- a) Interjection quite stiff, closing up feeling (Tiago/SI4:8-9)
- a) Short, clipped feeling to words (Tiago/SI4:2))
- b) Staccato response (Douglas/SI8:49)
- b) Slower response, heavier feeling (Samual/SI2:20)
- a) Limited rapport, conversational response (Douglas/SI8:34)
- a) Moving away from coherence again (Andrew/SI6:248-249)
- a) Poor conversational flow, no intercommunicative synchrony (Thukile/SI5:63-64)
- a) Question 4.1 unresponsive, still in activated memory (Thukile/SI5:54-55)

TD1:122-123 b) Delayed responsiveness (Rocco's intervention)

- a) Poor conversational rapport (Samual/SI2:11)
- a) Speech rhythmically inelastic (Rocco/SI7:33)
- a) Reluctance to share negative quality (Lonwabo/SI1:73)

TD2:54-56 d) Drama - reacting

a) Fatuous laughter, awkward response (Samual/SI2:52)

TD2:32-34 a) Fatuous response

- a) 'General' triggers unrelated memory (MT/SI5:94-96)
- a) Fatuous laughter, after vulnerability (Larry/SI3:60)
- a) Seems slightly surprised at own words (Douglas/SI8:6)

TD2:32-34 b) Awkward laugh

- a) Difficulty exploring MTy process (Douglas/SI8:42)
- a) Hesitant response, slower (Samual/SI2:4)
- c) MTy: 'Interesting, nothing more' (Tiago/SI4:9)
- c) 'nothing more than that' appears five times (Tiago/SI4:86)

TD2:233-234 a) Perfunctory manner

a) Limits emotion exploration (Samual/SI2:27)

TD3:111-114 b) Usually refraining

TD2:69 a) Reluctant involvement

a) Slight wilful non-communicality (Rocco/SI7:118)

TD3:145-147 a) Words masked

TD2:53-54 a) Smiling at self

Stunted (Verbal) Communication

- b) Long pauses between questions and answers (Samual/SI2:4-11)
- a) Restricts motivation to the music itself (Tiago/SI4:141)
- b) Profoundly lacking communication (Samual/SI2:22)

TD2:40-41 b) No response

- a) Responsive, but talking softly with flat tone (Larry/SI3:8)
- a) Difficulty discussing music (Rocco/SI7:56)
- b) Begins speaking slightly quicker and the words merge, comprehension difficult (Andrew/ SI6:143-151)
- a) MTy: Can be difficult to describe (Rocco/SI7:40)
- b) Communication with the participants hard, but present (Lonwabo/SI1:153-154)
- a) Not comfortable communicating outside therapy (Andrew/SI6:183-185)
- a) Seems unwilling to explore communication (Douglas/SI8:123)
- c) General slight cowedness, as if not allowed to speak openly (Samual/SI2:11)
- b) Avoidance of discussing feelings (Tiago/SI4:86)
- a) Effortful quality, some discomfort (Lonwabo/SI1:63)
- a) MT: Freely swopping languages, difficulty in understanding him regardless (MT/SI6:65-68)



Negative Experience of Self and Environment

a) Profound loss of sociality and mutual human connection (Lonwabo/SI1:114-116)

TD3:227-229 b) Infringing on others

TD2:35-37 a) Confused about explanation

- a) medication impacted thought processes (Lonwabo/SI1:94-95)
- b) Comparative mindset (Rocco/SI7:76)
- b) Giving up quality, shaking head (Samual/SI2:30)

TD2:54-56 a) Incredulous expression

- a) MT: Notices discrepancy in presentations of self (MT/SI4:71)
- b) Speaks to circumstantial transience of a friendship space (Lonwabo/SI1:163-165)
- c) Necessitates omniscient outside force (Rocco/SI7:141-143)
- a) Silent response, feeling of shame (Douglas/SI8:29)
- b) Alone, loneliness in making music (Thukile/SI5:73)

D2:10-12 b) Expectant of reprimand

- a) No elaboration, sense of being overwhelmed (Rocco/SI7:112)
- d) 'I'm not good enough' (Thukile/SI5:40-41)
- c) Daily personal difficulty (Lonwabo/SI1:91)
- a) Weakness of will (Thukile/SI5:104)
- b) View of self defined by hierarchical construction (Rocco/SI7:74)
- a) Sadness, lack of self-worth, stagnation linked to hospitalisation (Andrew/SI6:99-106)
- a) Expressing unhappiness as normal state (Andrew/SI6:93-97)
- b) Feelings of isolation, sense of not belonging (Lonwabo/SI1:108-109)
- a) Frustration at differing levels in group (Rocco/SI7:65-67)
- a) Frustration of being held back by others (Rocco/SI7:28-29)
- a) Frames self as weak in motivation (Andrew/SI6:240-241)
- a) Boredom related to inadequacy of others (Rocco/SI7:72)
- a) General feeling of unwellness (Tiago/SI4:76-77)
- b) Circumstances of hospital life not nice (Larry/SI3:95-96)
- f) Ward life as deficient environment (Larry/SI3:51-52)
- b) Feelings of disappointment (Thukile/SI5:40-41)
- b) Feeling of discomfort (Douglas/SI8:8)
- a) Death by hanging (Andrew/SI6:2008-210)
- c) Explaining what it is like to be him (Thukile/SI5:40-41)
- b) Ominous feeling and imagery (Andrew/SI6:200 -206)

TD2:91-93 b) Dissociative quality

Irritability

TD2:42-44 c) Rejected 'waved away'

TD1:93-94 a) Dismissive response

TD1:180 a) Inter-personal annoyance

TD1:193-194 b) Irritation at being copied

- a) Slightly annoyed toned (Larry/SI3:82)
- a) Agitated quality, possibly protecting vulnerability (Douglas/SI8:98)

TD3:124-126 a) Critical observing

TD2:12-13 b) Surly presentation

- a) Frustration at differing levels in group (Rocco/SI7:65-67)
- a) Frustration of being held back by others (Rocco/SI7:28-29)



Stunted Musical Exchange/(checkMIR)

TD1:106-108 c) Lack of variation

TD2:106-111 c) Intermittent connection to pulse

TD2:1-3 a) languorous playing

TD2:112-113 a) 1 in 3 rhythmic

TD1:178-179 a) Dissonance

TD1:178-179 b) Breaking rhythm

TD1:106-108 b) Gradual stiffening

TD1:106-108 a) Rigid quality

TD1:97-98 a) Restrained contribution

TD2:102-103 b) Drifting to pulse

TD3:232-233 a) Soloist wilting

TD1:112-115 a) Narrowing melodic range

TD1:112-115 b) Tired energy

TD2:215-217 d) No pattern

TD1:111-112 a) Towards perseverative quality

TD1:115-116 a) Discomfort in music

TD2:7-8 a) Intermittent playing

TD1:23-25 c) Unpredictable rhythmically

TD1:175-177 a) Sustained fleetingly

TD3:47-49 b) Rushing ahead

TD2:102-103 b) Drifting to pulse

TD2:230-231 a) Tentative group playing

TD3:219-22o a) Intermittent playing

TD2:83-90 d) Playing broken by looking

a) Sad quality, falling intonation, slower tempo (Lonwabo:SI1:202-203)

Lack of Change / Inconclusive

a) MTy: No change in relating with participants (Rocco/SI7:118)

b) MTy: No standout features (Rocco/SI7:7)

a) MTy: Emotionally untouched (Tiago/SI4:149)

b) MTy: Conditionally recommended (Samual/SI2:55)

a) Music itself not good for everyone (Samual/SI2:60)

b) MTy: Not good for all (Samual/SI2:50)

a) MTy: Motivation unchanged inside MTy sessions (Douglas/SI8:132)

a) MTy: Motivation unchanged outside sessions (Douglas/SI8:134)

a) Unaffected by praise (Tiago/SI4:131)

TD2:233-234 b) Staring out window

MT Countertransference

a) MT: Personal feeling of being unable to carry my thoughts (MT/SI2:28)

b) MT: Falling over words, feel not understood (MT/SI2:28)

a) MT: Interview schedule offers procedural momentum (MT/SI7:126-127)

a) MT: Gathering thoughts, regrouping (MT/SI2:31)

MT Comunicative challenges

a) MT: 'Spiritual' as in not physical, elusive in discussing (MT/SI7:58)

MT: Unsure of meaning (Thukile/SI5:30-32)

a) MT: Referring to the "difficulty" expressed (Andrew/SI6:152)



- a) MT: Ascertain thinking behind statement (MT/SI2:56-57)
- a) MT: Unsure of client's meaning (MT/SI7:33)

MT Client Safety

TD2:26-28 c) MT: Reactivity trails off

TD2:24-25 a) MT: Realises potential conflict

a) MT: Attempting to steer back to the interview (MT/SI6:29)

a) MT: Needing to mover to safer ground (MT/SI6:252-259)

TD1:67-69 a) MT: steps back

a) MT: probing for warning signs (Lonwabo/SI1:78-79)

a) MT: Difficulty in navigating safer space (MT/SI6:250-251)